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INTRODUCTION

The Illinois Register is the official state document for publishing public notice of rulemaking activity by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category. Rulemaking activity consists of proposed or adopted new rules or amendments to or repealers of existing rules, including those by emergency or peremptory action.

The *Register* also contains Executive Orders and Proclamations issued by the Governor, notices of public information required by State statute, and activities (meeting agendas, Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State agencies. In addition, the *Register* contains a Cumulative Index listing alphabetically by agency the Parts (sets of rules) on which rulemaking activity has occurred in the current *Register* volume and a Sections Affected Index listing, by Title of the *Illinois Administrative Code*, each Section (including supplementary material) of a Part on which rulemaking activity has occurred in the current volume. Both indices are action coded and are designed to aid the public in monitoring rules.

The *Register* will serve as the update to the *Illinois Administrative Code*, a compilation of the rules of State agencies. The most recent edition of the *Code* along with the *Register* comprise the most current accounting of the State agencies' rules.

The *Illinois Register* is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, pars. 1001 et seq., as amended).

REGISTER PUBLICATION SCHEDULE 1992

Material Rec'd after 4:30 p.m. on:	And before 4:30 p.m. on:	Will be in Issue #:	Published on:	Material Rec'd after 4:30 p.m. on:	And before 4:30 p.m. on:	Will be in Issue #:	Published on:
Dec. 17, 1991	Dec. 24, 1991	1	Jan. 3, 1992	June 23, 1992	June 30, 1992	28	July 10, 1992
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June 16 1992	June 23, 1992	27	July 6, 1992 (Mon)	Dec. 22, 1992	Dec. 29, 1992	2	Jan. 8, 1993

Please note: **When the Register deadline falls on a State holiday, the deadline becomes 4:30 p.m. on Monday** *(the day before)*.

Printed by authority of the
State of Illinois
September 1992 – 890 – GA-398

ILLINOIS INDUSTRIAL COMMISSION

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Pre-Arbitration

2) Code Citation: 50 Ill. Adm. Code 7020

3) Section Numbers: Proposed Action:

7020.80 Amendment

4) Statutory Authority: Implementing and authorized by Sections 16 and 19b-1 of the Workers' Compensation Act (Ill. Rev. Stat. 1991, Ch. 48, pars. 138.16 and 138.19b-1).

5) A Complete Description of the Subjects and Issues Involved:

This rulemaking proposes amendments to the procedures governing Petitions for Immediate Hearing under Section 19b-1 of the Workers' Compensation Act.

The proposed rule changes procedures relating to the preparation and submission of the original transcript of proceedings in a review of a decision of an Arbitrator under Section 19b-1 of the Act. In reviews before the Industrial Commission, the original transcript of Arbitration proceedings must be filed with the Commission. The appealing party is responsible for ordering and paying for the original transcript. The appealing party orders the transcript at the time the Petition for Review is filed. Under the current procedures in Section 19b-1 cases, the Arbitrator automatically orders the court reporter to prepare the transcript at the close of the Section 19b-1 Arbitration hearing. The Commission pays for the cost of the transcript and is reimbursed by the reviewing party when a Petition for Review is filed. In some cases, however, Petitions for Review are not filed and the Commission bears the cost of the unnecessary transcript.

Under the proposed rule, in Section 19b-1 cases, the transcript will be ordered at Arbitration only at the request of a party and the parties will share equally the cost of the original transcript if no Petition for Review is filed. Under the proposal, if a Petition for Review is filed, the reviewing party shall pay for the cost of the original transcript and if the transcript is not ordered at Arbitration, the reviewing party must order the transcript when the Petition for Review is filed. The proposal provides that every Petition for Review in Section 19b-1 cases must include or be accompanied by a certification that payment for the transcript in the amount contained in the Arbitrator's decision has been made to the court reporter. The proposed rule further states the Petition for Review must also be accompanied by a copy of the check or money order sent to the court reporter.

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In addition, the proposed rulemaking provides that statements of exceptions and/or briefs and responses thereto required in Section 19b-1 cases shall be filed in triplicate on one side of no more than 20 8 1/2 " x 11" sheets of paper and shall follow the same format required for such documents in other cases pursuant to 50 Ill. Adm. Code 7040.70(a). The proposal further provides that failure of any appellant to file timely a statement of exceptions and supporting brief may result in the denial of oral argument.

The rulemaking also proposes that after the Section 19b-1 Petition for Review is filed the assigned Commissioner shall schedule the case for oral argument promptly. The proposal deletes current language which requires the Commission to schedule oral argument no less than 25 days nor more than 60 days after the filing of the Petition for Review.

6) Will this proposed rule replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed rule contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: The rulemaking neither creates nor expands any State mandates.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 30 days after the publication of this Notice to:

Kathryn Kelley
Illinois Industrial Commission
100 West Randolph Street
Suite 8-274
Chicago, Illinois 60601
(312) 814-6559

The Commission will hold public hearings on the rulemaking as follows:

DATE: October 15, 1992
TIME: 10:00 A.M.
PLACE: Illinois Industrial Commission
100 West Randolph Street
8th Floor, Oral Argument Room
Chicago, Illinois 60601

DATE: October 16, 1992
TIME: 10:00 A.M.

ILLINOIS INDUSTRIAL COMMISSION

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PLACE: Illinois Industrial Commission
701 South Second Street
Springfield, Illinois 62704

12) Initial Regulatory Flexibility Analysis:

A) Date rules were submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: September 9, 1992.

B) Types of small business affected: All parties to Section 19b-1 cases would be affected by the procedures.

C) Reporting, bookkeeping or other procedures required for compliance: None

D) Types of professional skills necessary for compliance: None

The full text of the Proposed Amendment begins on the next page:

ILLINOIS INDUSTRIAL COMMISSION

NOTICE OF PROPOSED AMENDMENTS

TITLE 50: INSURANCE
CHAPTER II: INDUSTRIAL COMMISSION

PART 7020
PRE-ARBITRATION

Section
7020.10 Docketing and Numbering of Cases
7020.20 Application for Adjustment of Claim
7020.30 Memorandum of Names and Addresses for Service of Notice and Attorneys' Appearance
7020.40 Who may Appear-Unauthorized Practice
7020.50 Hearing: Place, Notice: Change of Venue
7020.60 Continuances on Arbitration, Notices, Monthly Status Call, Voluntarily Dismissal
7020.70 Motion Practice, General
7020.80 Petitions for Immediate Hearing
7020.90 Petitions to Reinstate
7020.100 Medical Examinations

AUTHORITY: Implementing and authorized by Section 16 of the Workers' Compensation Act (Ill. Rev. Stat. 1991 , ch. 48, par. 138.16).

SOURCE: Filed and effective March 1, 1977; amended at 2 Ill. Reg. 49, p. 244, effective December 7, 1978; amended at 3 Ill. Reg. 4, p. 13, effective January 21, 1979; amended at 4 Ill. Reg. 26, p. 59, effective July 1, 1980; emergency amendment 4 Ill. Reg. 41, effective September 25, 1980 for a maximum of 150 days; amended at 5 Ill. Reg. 5530, effective May 12, 1981; emergency rule at 6 Ill. Reg. 5820, effective May 1, 1982 for a maximum of 150 days; amended at 6 Ill. Reg. 8040, effective July 1, 1982; amended at 6 Ill. Reg. 11909, effective September 20, 1982; codified at 7 Ill. Reg. 2345; emergency amendment at 8 Ill. Reg. 5986, effective August 16, 1984 for a maximum of 150 days; amended at 9 Ill. Reg. 16238, effective October 15, 1985; emergency amendment at 9 Ill. Reg. 19129, effective November 20, 1985; for a maximum of 150 days; amended at 10 Ill. Reg. 8096, effective May 5, 1986; amended at 15 Ill. Reg. 8221, effective May 17, 1991; amended at 16 Ill. Reg._____ effective_____.

Section 7020.80 Petitions for Immediate Hearing

a) Petition for Immediate Hearing under Section 19(b)

1) Petition alleging that

A) he is unable to work because of a disability compensable under Workers' Compensation Act or Workers' Occupational Diseases Act, and

B) he is not receiving temporary total disability or medical benefits to which he is entitled, may file a Petition for Immediate Hearing, as

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provided for in Section 19(b) of the Workers' Compensation Act, on an appropriate form provided by the Commission. Said Petition shall set forth:

i) a description of the attempts by parties or counsel to resolve the dispute requiring an immediate hearing, including the name of the representative of the opposing party with whom the Petitioner or his attorney has conferred, the date of the conference, and the result of the conference;

ii) a statement that a signed physician's report of recent date relating to the employee's current inability to work, or a description of such other evidence or temporary total disability as is appropriate under the circumstances, has been delivered to the Respondent.

C) A response to said Petition shall be filed on an appropriate form provided by the Commission within 15 days of service of Petition for Immediate Hearing. Failure to respond timely or in good faith may result in the assessment of the attorneys' fees under Section 16 of the Workers' Compensation Act. The Petition for Immediate Hearing shall be filed and heard in accordance with Section 7020.70.

2) The Arbitrator to whom the case is assigned shall attempt to resolve the matter informally. If the matter cannot be resolved at that time, and the Arbitrator determines the Petitioner is not receiving temporary total disability or medical benefits, said Arbitrator shall order the case to formal hearing on a date certain as soon as possible.

b) Petition for Immediate Hearing under Section 19(b-1)

1) Filing Petition for Emergency Hearing under Section 19(b-1)

An employee alleging that:

A) he is unable to work because of disability compensable under the Workers' Compensation Act or Workers' Occupational Diseases Act, and

B) he is not receiving temporary total disability

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and/or medical, surgical, or hospital benefits to which he is entitled under Section 8(a) or 8(b) of the Workers' Compensation Act,

may file a Petition for Immediate Hearing before an Arbitrator as provided for in Section 19(b-1) of the Workers' Compensation Act, on an appropriate form provided by the Commission. Such Petition must comply with all requirements of the Workers' Compensation Act.

2) Section 19(b-1) Proceedings before Arbitrators: Pre-trial Conferences

A) The Arbitrator will hold a pre-trial conference within 20 days after the Petition for Emergency Hearing is filed. If the venue is outside of Cook County the pre-trial conference will be held at either the regularly scheduled hearing site or at another hearing site for the same Arbitrator available within that time period and located as close as practical to the original hearing site. Notice of pre-trial conference will be sent by the Commission to all parties of record.

B) Any challenges to the sufficiency of the Section 19(b-1) Petition will be heard at the pre-trial conference.

C) If the Section 19(b-1) Petition is found by the Arbitrator to be insufficient, the Arbitrator will allow the Petitioner 5 business days to cure all insufficiencies and all time limits under the statute are tolled until the Arbitrator has determined that the amended Petition is sufficient. During the aforementioned time period the amended Section 19(b-1) Petition with proof of service to opposing party shall be filed with the Commission. If the insufficiencies are not cured within the time limit, the Section 19(b-1) Petition will be dismissed without prejudice by the Arbitrator and notices of the dismissal will be sent by the Industrial Commission to all parties of record.

D) If within the time period provided above the insufficiencies are cured and the parties have not received from the Commission notices of dismissal of the Section 19(b-1) Petition, the Respondent shall have 15 days from receipt of

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the amended Section 19(b-1) Petition to respond thereto.

3) Section 19(b-1) Hearing, Decisions, and Transcripts

A) Hearings

i) If at the pre-trial conference the Arbitrator finds the Section 19(b-1) Petition to be sufficient he will set the case to be tried within 15 days at either the regularly scheduled hearing site or at another hearing site for the same Arbitrator available within that time period and located as closely as practical to original hearing site.

ii) If the Section 19(b-1) Petition is insufficient, the Arbitrator will set the case to be tried within 35 days of the pre-trial conference at either the regularly scheduled hearing site for the same Arbitrator or at another hearing site for the same Arbitrator available within the time period and located as closely as practical to the original hearing site. If within the time period provided in subsection b)2)A)iii) above the insufficiencies are cured and the parties have not received from the Commission notices of dismissal of the Section 19(b-1) Petition, the trial will be held as scheduled.

iii) Proofs are closed within 45 days after a Section 19(b-1) Petition, or an amended Petition curing any insufficiencies as provided above is filed, unless for good cause the Arbitrator extends the time for closing proofs for an additional period of periods not to exceed a total extension period of 30 days. Good cause is defined as, but not limited to; additional medical records needed and taking of depositional evidence.

B) Arbitrator Decision

The Arbitrator's decision is to be filed with the Commission within 25 days after proofs are closed. The Arbitrator's decision shall contain the final cost of the arbitration transcript, or the

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estimated cost of the transcript if the final cost is not available at the time the Arbitrator's decision is issued.

C) Transcripts

i) At the beginning of each hearing at which a record is made the Arbitrator will state the following rule for the record:

Upon the closing of proofs, at the request of any party, the Arbitrator shall order the Court Reporter to prepare an original transcript of this hearing, to be authenticated by the Arbitrator for use by the Commission in the event it is required for further proceedings including any proceedings for a review of the Arbitrator's decision. The parties may order copies of the transcript of today's hearing at the ~~cost~~ close of the hearing, to be charged at the rate provided in Section 16 of the Workers' Compensation Act for copies of transcript. Each party shall pay the cost of its copy. If a Petition for Review is filed, the appealing party shall pay the cost of the original transcript. If no Petition for Review is filed, the parties shall pay the cost of the original transcript, such cost to be divided equally among the parties. At the close of each day's hearing on Arbitration, the Court Reporter shall provide an estimate of the cost of preparing the transcript. The estimated cost of the transcript may not be the final cost of the transcript for which a party is liable. If the party orders ~~a copy of~~ the transcript at a later time, it is unlikely it will be received in sufficient time for use in preparation of the party's statement of exception(s) and supporting brief, or a response thereto, in the event either party files a petition for review of the Arbitrator's decision. If the original is not on file, in the event a transcript is ordered it will be prepared as an original and the party will be charged at a rate provided for in Section 16 of the Workers' Compensation Act. ~~If the party wants a copy of the original transcript he will be~~

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~~charged at the rate provided in Section 7020.80(b)(3)(C)(i).~~ The Commission will not consider the unavailability of ~~a copy of~~ the transcript good cause for the failure to file a timely statement of exception(s) and supporting brief, or a response thereto.

ii) Where the transcript of proceedings has been ordered pursuant to subsection b)3)C)i) above, t~~T~~he transcript ~~of proceedings~~ authenticated by the Arbitrator and copy of the statement of the final cost of the preparation of the transcript shall be filed by the Court Reporter at the Commission within 25 days after proofs are closed.

~~iii) The Commission shall pay for an original transcript of proceedings and shall be reimbursed by any party filing a Petition for Review, as provided in subsection 4(A)(ii), or by any party subsequently initiating a proceeding which requires preparation and submission of a transcript of the proceedings.~~

4) Section 19(b-1) Proceedings before the Commission

A) Perfecting a Review

A Petition for Review must be filed in duplicate at the Commission within the time provided by Section 19 of the Workers' Compensation Act. The Petition must contain or be accompanied by the following:

i) A Certificate of Service on the opposing party by personal service or certified mail;

ii) A certification that ~~P~~payment for the transcript in the amount set forth in the Arbitrator's Decision ~~in the form of cash, check or money order therefor and payable to the Industrial Commission of Illinois,~~ has been made to the Court Reporter. The Petition shall be accompanied by a copy of the check or money order sent to the Court Reporter. Where the amount paid is an estimate, the balance of the cost, if any, shall be paid upon receipt of the statement from the Court Reporter setting forth the final cost of the transcript. An order entered pursuant to Section 20 of the Workers' Compensation Act (Ill. Rev. Stat. 1991, Ch.48, par. 138.20) may be submitted for payment of the transcript;

iii) An order for the transcript of proceedings at Arbitration, where said transcript was not ordered at Arbitration. The transcript of proceedings authenticated by the Arbitrator shall be filed by the Court Reporter at the Commission within 25 days of the filing of the Petition for Review.

iv ~~iii)~~ A statement of the Appellant's specific exception(s) to the Arbitrator's Decision; attachment of the statement of exception(s) and supporting brief required by subsection (4)(B) below will satisfy this requirement.

B) Statement of Exception(s) and Supporting Brief

Any party filing a Petition for Review with the Commission shall file a statement of exception(s) and supporting brief with attached proof of service within 15 days of the filing of the Petition for Review. The Appellee may elect to file a response thereto, in which case the response must be filed and served on the opposing party within 25 days from the last day allowed for the filing of the Petition for Review. Each party filing a statement of exception(s) and/or additions and supporting brief or response thereto shall file three (3) copies. Such statement of exception(s) and/or additions and supporting brief, or response thereto shall be written or printed on one side of no more than twenty (20) 8 - 1/2 "x 11" sheets of paper and shall follow the format set forth in 50 Ill. Adm. Code 7040.70(a). Failure of any appellant or petitioning party to file timely a statement of exception(s) and supporting brief may result in denial of oral argument.

C) Hearing on Review and Oral Arguments

No hearing on Review will be held by the Commission. Immediately after the Petition for Review has been filed it will be assigned to a Commissioner who will promptly schedule the case for oral argument before a panel of the three Commissioners as provided in Section 19(e) of the Act ~~at a time no less than 25 days nor more than 60 days after the filing of the~~

ILLINOIS INDUSTRIAL COMMISSION

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~~Petition for Review~~.

D) The Commission shall file its decision no more than 90 days after the filing of the Petition for Review, and not later than 180 days from the filing of the Petition under Section 19(b-1), whichever is sooner.

5) Service in Section 19(b-1) Proceedings

All service required pursuant to this rule must be by personal service or certified mail with return receipt. After initial service to the employer, service shall be made on the employer's attorney or designated representative.

(SOURCE: Amended at_____Ill. Reg._____effective_____.)

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: AID TO FAMILIES WITH DEPENDENT CHILDREN

2) Code Citation: 89 Ill. Adm. Code 112

3) Section Number: Proposed Action:

112.154 Repeal

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 4-1 et seq. and 12-13)

5) Complete Description of the Subjects and Issues Involved: This rulemaking is necessary to delete provisions regarding the transfer of assets for applications filed prior to October 1, 1989. Transfer of asset policy was obsoleted with the implementation of the Medicare Catastrophic Coverage Act of 1988. Regardless of the reason for the transfer, eligibility is not affected because of a transfer of assets.

6) Will these proposed amendments replace emergency amendments currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation
112.9	Amendment	September 4, 1992 (16 Ill. Reg. 13381)
112.70	Amendment	March 6, 1992 (16 Ill. Reg. 3335)
112.71	Amendment	March 6, 1992 (16 Ill. Reg. 3335)
112.72	Amendment	March 6, 1992 (16 Ill. Reg. 3335)
112.74	Amendment	March 6, 1992 (16 Ill. Reg. 3335)
112.78	Amendment	March 6, 1992 (16 Ill. Reg. 3335)
112.79	Amendment	March 6, 1992 (16 Ill. Reg. 3335)
112.82	Amendment	March 6, 1992 (16 Ill. Reg. 3335)
112.127	Amendment	August 28, 1992 (16 Ill. Reg. 13195)
112.138	Repeal	July 10, 1992 (16 Ill. Reg. 11399)

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, Place, and Manner in which Interested Persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to Judy Umunna, Bureau of Rules and Regulations, Illinois Department of Public Aid, 100 South Grand Ave.

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

E., 3rd Floor, Springfield, Illinois 62762. The Department will consider all written comments it receives within 30 days after the publication of this notice.

12) Initial Regulatory Flexibility Analysis:

A) Date proposed rulemaking was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: Not applicable

B) Types of small businesses affected: None

C) Reporting, bookkeeping or other prcedures required for compliance: None

D) Types of professional skills necessary for compliance: None

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 112
AID TO FAMILIES WITH DEPENDENT CHILDREN

SUBPART A: GENERAL PROVISIONS

Section
112.1 Description of the Assistance Program
112.5 Incorporation By Reference

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section
112.8 Caretaker Relative
112.9 Client Cooperation
EMERGENCY
112.10 Citizenship
112.20 Residence
112.30 Age
112.40 Relationship
112.50 Living Arrangement
112.52 Social Security Numbers
112.54 Assignment of Medical Support Rights
112.60 Lack of Parental Support or Care
112.61 Death of a Parent
112.62 Incapacity of a Parent
112.63 Continued Absence of a Parent
112.64 Unemployment of the Parent

SUBPART C: PROJECT CHANCE

Section
112.70 Participation Requirements For Project Chance
112.71 Individuals Exempt From Project Chance
112.72 Project Chance Participation/Cooperation Requirements
112.73 Failure to Participate with the Work Incentive Demonstration Program (Renumbered)
112.74 Project Chance Initial Assessment Process/Development of an Employability Plan
112.76 Project Chance Orientation
112.77 Conciliation and Fair Hearings
112.78 Project Chance Components
112.79 Project Chance Sanctions
112.80 Good Cause for Failure to Comply With Project Chance Participation Requirements

DEPARTMENT OF PUBLIC AID

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112.81 Responsible Relative Eligibility For Project Chance
112.82 Project Chance Supportive Services
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AUTHORITY: Implementing Article IV and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 4-1 et seq. and 12-13)

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3

Ill. Reg. 38, p. 243, effective September 21, 1979, peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982, amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 11, 1983; rules repealed and new rules adopted and codified at 7 Ill. Reg. 2720, effective February 28, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 11284, effective August 26, 1983; amended at 7 Ill. Reg. 13920, effective October 7, 1983; amended at 7 Ill. Reg. 15690, effective November 9, 1983; amended (by adding sections being

codified with no substantive change) at 7 Ill. Reg. 16105; amended at 7 Ill. Reg. 17344, effective December 21, 1983; amended at 8 Ill. Reg. 213, effective December 27, 1983; emergency amendment at 8 Ill. Reg. 569, effective January 1, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 4176, effective March 19, 1984; amended at 8 Ill. Reg. 5207, effective April 9, 1984; amended at 8 Ill. Reg. 7226, effective May 16, 1984; amended at 8 Ill. Reg. 11391, effective June 27, 1984; amended at 8 Ill. Reg. 12333, effective June 29, 1984; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17894; peremptory amendment at 8 Ill. Reg. 18127, effective October 1, 1984; peremptory amendment at 8 Ill. Reg. 19889, effective October 1, 1984; amended at 8 Ill. Reg. 19983, effective October 3, 1984; emergency amendment at 8 Ill. Reg. 21666, effective October 19, 1984 for a maximum of 150 days; amended at 8 Ill. Reg. 21621, effective October 23, 1984; amended at 8 Ill. Reg. 25023, effective December 19, 1984; amended at 9 Ill. Reg. 282, effective January 1, 1985; amended at 9 Ill. Reg. 4062, effective March 15, 1985; amended at 9 Ill. Reg. 8155, effective May 17, 1985; emergency amendment at 9 Ill. Reg. 10094, effective June 19, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11317, effective July 5, 1985; amended at 9 Ill. Reg. 12795, effective August 9, 1985; amended at 9 Ill. Reg. 15887, effective October 4, 1985; amended at 9 Ill. Reg. 16277, effective October 11, 1985; amended at 9 Ill. Reg. 17827 effective November 18, 1985; emergency amendment at 10 Ill. Reg. 354, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 1172, effective January 10, 1986; amended at 10 Ill. Reg. 3641, effective January 30, 1986; amended at 10 Ill. Reg. 4885, effective March 7, 1986; amended at 10 Ill. Reg. 8118, effective May 1, 1986; amended at 10 Ill. Reg. 10628, effective June, 1, 1986; amended at 10 Ill. Reg. 11017, effective June 6, 1986; Sections 112.78 through 112.86 and 112.88 recodified to 89 Ill. Adm. Code 160 at 10 Ill. Reg. 11928; emergency amendment at 10 Ill. Reg. 12107, effective July 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 12650, effective July 14, 1986; amended at 10 Ill. Reg. 14681, effective August 29, 1986; amended at 10 Ill. Reg. 15101, effective September 5, 1986; amended at 10 Ill. Reg. 15621, effective September 19, 1986; amended at 10 Ill. Reg. 21860, effective December 12, 1986; amended at 11 Ill. Reg. 2280, effective January 16, 1987; amended at 11 Ill. Reg. 3140, effective January 30, 1987; amended at 11 Ill. Reg. 4682, effective March 6, 1987; amended at 11 Ill. Reg. 5223, effective March 11, 1987; amended at 11 Ill. Reg. 6228, effective March 20, 1987; amended at 11 Ill. Reg. 9927, effective May 15, 1987; amended at 11 Ill. Reg. 12003, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 12432, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 12908, effective July 30, 1987; emergency amendment at 11 Ill. Reg. 12935, effective August 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 13625, effective August 1, 1987; amended at 11 Ill. Reg. 14755, effective August 26, 1987; amended at 11 Ill. Reg. 18679, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 18781, effective November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20114, effective December 4, 1987; Sections 112.90 and 112.95 recodified to Sections 112.52 and 112.54 at 11 Ill. Reg. 20610; amended at 11

Ill. Reg. 20889, effective December 14, 1987; amended at 12 Ill. Reg. 844, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1929, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 2126, effective January 12, 1988; SUBPARTS C, D and E recodified to SUBPARTS G, H and I at 12 Ill. Reg. 2136; amended at 12 Ill. Reg. 3487, effective January 22, 1988; amended at 12 Ill. Reg. 6159, effective March 18, 1988; amended at 12 Ill. Reg. 6694, effective March 22, 1988; amended at 12 Ill. Reg. 7336, effective May 1, 1988; amended at 12 Ill. Reg. 7673, effective April 20, 1988; amended at 12 Ill. Reg. 9032, effective May 20, 1988; amended at 12 Ill. Reg. 10481, effective June 13, 1988; amended at 12 Ill. Reg. 14172, effective August 30, 1988; amended at 12 Ill. Reg. 14669, effective September 16, 1988; amended at 13 Ill. Reg. 70, effective January 1, 1989; amended at 13 Ill. Reg. 6017, effective April 14, 1989; amended at 13 Ill. Reg. 8567, effective May 22, 1989; amended at 13 Ill. Reg. 16006, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16142, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 705, effective January 1, 1990; amended at 14 Ill. Reg. 3170, effective February 13, 1990; amended at 14 Ill. Reg. 3575, effective February 23, 1990; amended at 14 Ill. Reg. 6306, effective April 16, 1990; amended at 14 Ill. Reg. 10379, effective June 20, 1990; amended at 14 Ill. Reg. 13652, effective August 10, 1990; amended at 14 Ill. Reg. 14140, effective August 17, 1990; amended at 14 Ill. Reg. 16937, effective September 30, 1990; emergency amendment at 15 Ill. Reg. 338, effective January 1, 1991, for a maximum of 150 days; emergency amendment at 15 Ill. Reg. 2862, effective February 4, 1991, for a maximum of 150 days; emergency expired July 4, 1991; amended at 15 Ill. Reg. 5275, effective April 1, 1991; amended at 15 Ill. Reg. 5684, effective April 10, 1991; amended at 15 Ill. Reg. 11127, effective July 19, 1991; amended at 15 Ill. Reg. 11447, effective July 25, 1991; amended at 15 Ill. Reg. 14227, effective September 30, 1991; amended at 15 Ill. Reg. 17308, effective November 18, 1991; amended at 16 Ill. Reg. 9972, effective June 15, 1992; emergency amendment at 16 Ill. Reg. 11652, effective July 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 11550, effective July 15, 1992; emergency amendment at 16 Ill. Reg. 13629, effective September 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. _____, effective _____.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

SUBPART G: FINANCIAL FACTORS OF ELIGIBILITY

Section 112.154 Property Transfers (Repealed)

a) ~~The provisions for the transfer of property (i.e., assets) do not affect eligibility for applications filed on or after October 1, 1989, regardless of the date of the transfer, or to applications filed prior to October 1, 1989, if the transfer occurs on or after October 1, 1989.~~

Section 112.154 (continued)

b) ~~The provisions listed below apply to applications filed prior to October 1, 1989, and only with respect to property (i.e., assets) transferred prior to October 1, 1989.~~

1) ~~A transfer of assets occurs when an applicant or recipient buys sells or gives away real or personal property or changes (e.g., changes from joint tenancy to tenancy in common) the way property is held.~~

2) ~~A transfer is allowable if:~~

A) ~~the transfer occurred more than two years from the date of review;~~

B) ~~a fair market value was received. Fair market value is the price that an article or piece of property might be expected to bring if offered for sale in a fair market. Fair market value is determined by statements obtained from institutions, community members, etc. (e.g., bankers, jewelers, reputable realtors, etc.) recognized as having knowledge of property values;~~

C) ~~the transfer was involuntary (e.g., tax sales, judgment sales, etc.);~~

D) ~~the transfer was due to separation, divorce or other settlement (i.e., when the court orders a settlement of a client's assets or when the client and the client's spouse divide their assets in half without a court order);~~

E) ~~the transfer was a change from an individual to joint bank account;~~

F) ~~the transfer was of exempt assets;~~

G) ~~the transfer was an equal division of marital assets.~~

3) ~~If the transfer does not fall within the listing of subsection (b) above, the transfer will be reviewed to determine if the transfer was made to qualify for or increase the need for assistance. If the transfer was made to qualify for or increase the need for assistance, the client is ineligible until whichever occurs first:~~

A) ~~the asset is returned; or~~

Section 112.154(b)(3) (continued)

B) ~~a fair market value is paid to the client; or~~

C) ~~the period of time the asset would meet the client's needs has passed; or~~

D) ~~two years has passed.~~

4) ~~If a client transfers an asset which is not allowable the client must verify that the transfer was not made to qualify for assistance (e.g., a bank repossesses the property. The client must provide a copy of the repossession paper(s) to the Department).~~

5) ~~Length of Ineligibility~~

A) ~~The client is ineligible for assistance for the number of months that the asset would have met his/her needs up to 2 years from the date of the transfer. (To determine the number of months the asset would have met the client's need, divide the amount of the asset by the AFDC Standard of Need plus incurred medical expenses.)~~

B) ~~For applicants, the first month of ineligibility is the month of application.~~

C) ~~For recipients, the first month of ineligibility is the month assistance was discontinued because of the transfer.~~

(Source: Repealed at 16 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Aid to The Aged, Blind or Disabled

2) Code Citation: 89 Ill. Adm. Code 113

3) Section Numbers: Proposed Action:

113.330	New Section
113.410	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq. and 12-13)

5) Complete Description of the Subjects and Issues Involved:

89 Ill. Adm. Code 113.330

In accordance with Public Act 87-686, this rulemaking allows for the payment of attorney's fees for representation of an AABD recipient in an appeal of any claim for federal veterans' benefits which is decided in favor of the recipient. Under a state law passed in the 1991 session (HB 2234), payments to attorneys who seek veterans' benefits for eligible AABD clients should eventually be offset with a positive gain in grant cost avoidance. Because veterans' benefits of $616 per month are treated as countable income, many cases should be cancelled.

Eligibility by the Veterans' Administration requires total disability from any cause by the veteran who was in military service during a designated wartime period. Accordingly, the remaining eligible population is probably very low at this time. Calculation of savings, however, is based upon the remaining time on assistance since, unlike SSI, interim payments from the recipient's date of application are not recoverable from the Veterans' Administration. Consequently, there has been no mechanism to compensate attorneys in successful cases.

89 Ill. Adm. Code 113.410

In accordance with Public Act 87-893, this rulemaking permits referrals to and payment for medical providers for relevant examinations and reports for Interim Assistance applicants when determining the client more likely than not to be found eligible for Supplement Security Income (SSI). In addition, these proposed amendments provide for payment of the costs of transportation to the medical provider if necessary and on request.

Until recently, current policy did not permit reimbursement to providers nor transportation for medical examinations for Interim Assistance applicants. However, the Department has recently contracted with Bethany Hospital in Chicago to furnish these services to a portion of Cook County

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NOTICE OF PROPOSED AMENDMENTS

applicants only. The proposed rule change would expand these services statewide.

6) Will these proposed amendments replace emergency amendments currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation
113.9	Amendment	September 4, 1992 (16 Ill. Reg. 13383)
113.154	Amendment	1992 (16 Ill. Reg. _____)

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, Place, and Manner in which Interested Persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to Judy Umunna, Bureau of Rules and Regulations, Illinois Department of Public Aid, 100 South Grand Ave. E., 3rd Floor, Springfield, Illinois 62762. The Department will consider all written comments it receives within 30 days after the publication of this notice.

12) Initial Regulatory Flexibility Analysis:

A) Date proposed rulemaking was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: Not applicable

B) Types of small businesses affected: None

C) Reporting, bookkeeping or other procedures required for compliance: None

D) Types of professional skills necessary for compliance: None

The full text of the Proposed Amendments is identical to the text of the Emergency Amendments which appears in this issue of the Register on page 14725.

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Diagnosis Related Grouping (DRG) Prospective Payment System (PPS)

2) Code Citation: 89 Ill. Adm. Code 149

3) Section Numbers: Proposed Action:

149.10	New Section
149.25, 145.50, 149.75	Amendment
149.100, 149.105, 149.125	Amendment
149.140	New Section
149.150	Amendment

4) Statutory Authority: Articles III, IV, V, VI, VII and Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13) and Public Act 87-861, effective July 8, 1992.

5) Complete Description of the Subjects and Issues Involved:

The Department of Public Aid is proposing extensive changes in its rules governing the Diagnosis Related Grouping (DRG) Prospective Payment System (PPS) (89 Ill. Adm. Code 149). These rules specify a methodology for the payment of hospitals, which is an alternative to the methodology included in the Department's hospital services rules (89 Ill. Adm. Code 148). The proposed changes are required to update the rules for implementation of the revised reimbursement procedures which take effect on October 1, 1992, under the Medicaid Revenue Act (Public Act 87-861). Since changes are being made to most aspects of hospital reimbursement under these amendments, all of the changes cannot be summarized here in detail. Interested persons should review the amendments closely.

Many of the proposed changes are clarifications of previously incorporated procedures and definitions. More substantive changes include updating the DRG PPS hospital outlier methodology to conform with current Medicare guidelines, implementing a teaching reimbursement adjustment for major academic hospitals and updating the base prices and grouper methodology to reflect current Medicare practices. These changes are also being adopted on an emergency basis effective October 1, 1992. The estimated annual aggregate increase resulting from these changes is expected to approach $69.25 million.

Earlier amendments to these rules were adopted on an emergency basis effective July 10, 1992, to maintain the current hospital payment rates through September 30, 1992, when these revised reimbursement procedures take effect. Related changes are being proposed in the Department's hospital services rules (89 Ill. Adm. Code 148). In addition, changes are

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being proposed in the Department's medical payment rules (89 Ill. Adm. Code 140) to directly implement the assessment fees. These related amendments are also being adopted on an emergency basis.

6) Will these proposed amendments replace emergency amendments currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation
149.5	Amendment	July 24, 1992 (16 Ill. Reg. 11717)

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, Place, and Manner in which Interested Persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to Joanne Jones, Bureau of Rules and Regulations, Illinois Department of Public Aid, 100 South Grand Ave. E., 3rd Floor, Springfield, Illinois 62762. The Department will consider all written comments it receives within 30 days after the publication of this notice.

Any interested parties may review these proposed amendments at the Department of Public Aid's local offices located in each county (except Cook County). In Cook County the proposed amendments may be reviewed at the Office of the Director, Illinois Department of Public Aid, 624 S. Michigan Ave., 13th Floor, Chicago, Illinois. The proposed amendments may be reviewed at all offices Monday through Friday from 8:30 A.M. until 5:00 P.M. These copies of the proposed amendments are being made available for review in accordance with federal requirements at 42 CFR 447.205.

12) Initial Regulatory Flexibility Analysis:

A) Date proposed rulemaking was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: September 14, 1992

B) Types of small businesses affected: Hospitals

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C) Reporting, bookkeeping or other procedures required for compliance: None

D) Types of professional skills necessary for compliance: None

The full text of the Proposed Amendments is identical to the text of the Emergency Amendments which appears in this issue of the Register on page _____.

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: GENERAL ASSISTANCE

2) Code Citation: 89 Ill. Adm. Code 114

3) Section Number: Proposed Action:

114.440 New Section

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 6-1 et seq. and 12-13)

5) Complete Description of the Subjects and Issues Involved: In accordance with Public Act 87-686, this rulemaking allows for the payment of attorney's fees for representation of a General Assistance (GA) recipient in an appeal of any claim for federal veterans' benefits which is decided in favor of the recipient. Under a state law passed in the 1991 session (HB 2234), payments to attorneys who seek veterans' benefits for eligible GA clients should eventually be offset with a positive gain in grant cost avoidance. Because veterans' benefits of $616 per month are treated as countable income, many cases should be cancelled.

Eligibility by the Veterans' Administration requires total disability from any cause by the veteran who was in military service during a designated wartime period. Accordingly, the remaining eligible population is probably very low at this time. Calculation of savings, however, is based upon the remaining time on assistance since, unlike SSI, interim payments from the recipients date of application are not recoverable from the Veterans' Administration. Consequently, there has been no mechanism to compensate attorneys in successful cases.

6) Will these proposed amendments replace emergency amendments currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation
114.1	Amendment	July 17, 1992 (16 Ill. Reg. 11401)
114.1	Amendment	September 11, 1992 (16 Ill. Reg. 13766)
114.2	Amendment	July 17, 1992 (16 Ill. Reg. 11401)
114.2	Amendment	September 11, 1992 (16 Ill. Reg. 13766)
114.9	Amendment	September 4, 1992 (16 Ill. Reg. 13395)
114.270	Repeal	1992 (16 Ill. Reg. _____)
114.351	Amendment	July 17, 1992 (16 Ill. Reg. 11401)

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NOTICE OF PROPOSED AMENDMENTS

Sections	Proposed Action	Illinois Register Citation
114.351	Amendment	September 11, 1992 (16 Ill. Reg. 13766)
114.352	Amendment	July 17, 1992 (16 Ill. Reg. 11401)
114.352	Amendment	September 11, 1992 (16 Ill. Reg. 13766)
114.353	Amendment	July 17, 1992 (16 Ill. Reg. 11401)
114.353	Amendment	September 11, 1992 (16 Ill. Reg. 13766)
114.420	Amendment	1992 (16 Ill. Reg. _____)

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, Place, and Manner in which Interested Persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to Judy Umunna, Bureau of Rules and Regulations, Illinois Department of Public Aid, 100 South Grand Ave. E., 3rd Floor, Springfield, Illinois 62762. The Department will consider all written comments it receives within 30 days after the publication of this notice.

12) Initial Regulatory Flexibility Analysis:

A) Date proposed rulemaking was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: Not applicable

B) Types of small businesses affected: None

C) Reporting, bookkeeping or other prcedures required for compliance: None

D) Types of professional skills necessary for compliance: None

The full text of the Proposed Amendments is identical to the text of the emergency amendments appearing on page 14735 of this issue of the Illinois Register.

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Hospital Services

2) Code Citation: 89 Ill. Adm. Code 148

3)

Section Numbers:	Proposed Action:
148.25	New Section
148.30, 148.40, 148.50	Amendment
148.60, 148.70, 148.120	Amendment
148.130, 148.140, 148.150	Amendment
148.160, 148.170, 148.180	Amendment
148.190, 148.200, 148.210	Amendment
148.220, 148.230, 148.240	Amendment
148.250, 148.260, 148.270	Amendment
148.280, 148.290, 148.310	Amendment
148.320	Amendment

4) Statutory Authority: Articles III, IV, V, VI, VII and Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13) and Public Act 87-861, effective July 8, 1992.

5) Complete Description of the Subjects and Issues Involved:

The Department of Public Aid is proposing extensive changes in its rules governing payment for hospital services (89 Ill. Adm. Code 148). These rules specify the basic methodology for reimbursement of hospital services for Medicaid clients. An alternative methodology is provided in the Department's rules on the Diagnosis Related Grouping (DRG) Prospective Payment System (PPS) (89 Ill. Adm. Code 149). The proposed changes are required to update the rules for implementation of the revised reimbursement procedures which take effect on October 1, 1992, under the Medicaid Revenue Act (Public Act 87-861). Since changes are being made to most aspects of hospital reimbursement under these amendments, all of the changes cannot be summarized here in detail. Interested persons should review the amendments closely.

Many of the proposed changes are clarifications of definitions and procedures including reimbursement approval procedures, cost report audit procedures, outlier adjustment procedures and utilization review notification procedures. The changes also require hospitals to submit "zero sum" bills, sets minimum reimbursement levels for county hospitals, deletes interim reimbursement language that pertained to FY'92 only, capped hospital distinct part unit rates at three standard deviations above the mean rate, and changed the children's hospital reimbursement methodology to reflect an annual increase equal to the increase in inflation. In addition, the trauma adjustment previously included in the

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disproportionate share reimbursement methodology has been moved into the prospective reimbursement methodology and expanded to incorporate changes mandated by House Bill 3884. These section also clarify the outpatient reimbursement methodology and grouping system. The changes found in these amendments do not increase aggregate hospital inpatient spending in a significant manner. Outpatient spending in the aggregate is expected to increase by approximately $16 million.

Under the proposed changes in Section 148.120, the qualification criteria for disproportionate share hospitals (DSH) are being changed as follows:

1) Illinois hospitals may qualify if their Medicaid inpatient utilization rate is at least one half a standard deviation above the mean instead of one standard deviation above the mean;

2) Illinois hospitals may qualify if their Medicaid inpatient utilization rate is at least the mean and their Medicaid obstetrical inpatient utilization rate is one standard deviation above the mean Medicaid obstetrical inpatient utlization rate;

3) Illinois hospitals which qualified because they were located in a Health Manpower Shortage Area and had less than one-third excess beds are grandfathered for one year;

4) Level I and level II trauma center Critical Care Access (CCA) hospitals have been moved to the inpatient reimbursement.

The inpatient payment adjustments to DSH hospitals have been changed by deleting the adjustment which was based upon the hospitals' occupancy ratio, Medicare differential and Medicaid percent. Instead, each hospital will receive an adjustment based upon their Medicaid inpatient utilization rate as follows:

greater than 50%	$275
50% to 74.99%	$175
40% to 49.99%	$150
30% to 39.99%	$100
less than 29.99%	$85

The Targeted Access Payments (TAP) adjustments remain the same except that the total TAP adjustment is now adjusted based upon each hospital's Medicaid inpatient utilization rate (excluding Children's hospitals) as follows:

greater than 45%	110%
25% to 49.99%	50%
less than 24.99%	25%

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The uncompensated care payment adjustment is being increased to $52.65 per day from the previous $41.70 per day. In addition, time limitations for additional information used for the DSH determination have been clarified, and adjustment limitations have been included. The estimated annual aggregate spending resulting from these changes for disproportionate share hospitals is not significant at approximately $2 million.

Earlier amendments to these rules were adopted on an emergency basis effective July 10, 1992, to maintain the current hospital payment rates through September 30, 1992, when these revised reimbursement procedures take effect. Related changes are being proposed in the Department's rules on the Diagnosis Related Grouping (DRG) Prospective Payment System (PPS) (89 Ill. Adm. Code 149). In addition, changes are being proposed in the Department's medical payment rules (89 Ill. Adm. Code 140) to directly implement the assessment fees. These related amendments are also being adopted on an emergency basis.

6) Will these proposed amendments replace emergency amendments currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendme ts pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation
148.20	Amendment	July 24, 1992 (16 Ill. Reg. 11719)
148.80	Amendment	July 10, 1992 (16 Ill. Reg. 10868)
148.82	New Section	August 21, 1992 (16 Ill. Reg. 12826)
148.140	Amendment	January 31, 1992 (16 Ill. Reg. 1786)

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, Place, and Manner in which Interested Persons may comment on this proposed rulemaking:

Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to Joanne Jones, Bureau of Rules and Regulations, Illinois Department of Public Aid, 100 South Grand Ave. E., 3rd Floor, Springfield, Illinois 62762. The Department will consider all written comments it receives within 30 days after the publication of this notice.

Any interested parties may review these proposed amendments at the

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Department of Public Aid's local offices located in each county (except Cook County). In Cook County the proposed amendments may be reviewed at the Office of the Director, Illinois Department of Public Aid, 624 S. Michigan Ave., 13th Floor, Chicago, Illinois. The proposed amendments may be reviewed at all offices Monday through Friday from 8:30 A.M. until 5:00 P.M. These copies of the proposed amendments are being made available for review in accordance with federal requirements at 42 CFR 447.205.

12) Initial Regulatory Flexibility Analysis:

A) Date proposed rulemaking was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: September 14, 1992

B) Types of small businesses affected: Hospitals

C) Reporting, bookkeeping or other procedures required for compliance: None

D) Types of professional skills necessary for compliance: None

The full text of the Proposed Amendments is identical to the text of the Emergency Amendments which appears in this issue of the Register on page 14782.

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1) Heading of the Part: MEDICAL ASSISTANCE PROGRAMS

2) Code Citation: 89 Ill. Adm. Code 120

3) Section Numbers: Proposed Action:

Section Numbers	Proposed Action
120.385	Repeal

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13)

5) Complete Description of the Subjects and Issues Involved:

This rulemaking is necessary to delete provisions regarding the transfer of assets for applications filed prior to October 1, 1989. Transfer of asset policy was obsoleted with the implementation of the Medicare Catastrophic Coverage Act of 1988. Regardless of the reason for the transfer, eligibility is not affected because of a transfer of assets.

6) Will these proposed amendments replace emergency amendments currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation
120.384	Amendment	May 22, 1992 (16 Ill. Reg. 7761)

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, Place, and Manner in which Interested Persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to Judy Umunna, Bureau of Rules and Regulations, Illinois Department of Public Aid, 100 South Grand Ave. E., 3rd Floor, Springfield, Illinois 62762. The Department will consider all written comments it receives within 30 days after the publication of this notice.

12) Initial Regulatory Flexibility Analysis:

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A) Date proposed rulemaking was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: Not applicable

B) Types of small businesses affected: None

C) Reporting, bookkeeping or other procedures required for compliance: None

D) Types of professional skills necessary for compliance: None

The full text of the Proposed Amendments begins on the next page:

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NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 120
MEDICAL ASSISTANCE PROGRAMS

SUBPART A: GENERAL PROVISIONS

Section
120.1 Incorporation By Reference

SUBPART B: ASSISTANCE STANDARDS

Section
120.10 Eligibility For Medical Assistance
120.11 Eligibility For Medical Assistance For Pregnant Women and Children Born October 1, 1983, or Later Who Do Not Qualify As Mandatory Categorically Needy
120.12 Healthy Start - Medicaid Presumptive Eligibility Program For Pregnant Women
120.20 MANG(AABD) Income Standard
120.30 MANG(C) Income Standard
120.31 MANG(P) Income Standard
120.40 Exceptions To Use Of MANG Income Standard
120.50 AMI Income Standard (Repealed)

SUBPART C: FINANCIAL ELIGIBILITY DETERMINATION

Section
120.60 All Cases Other Than Intermediate Care, Skilled Nursing Care, DMHDD, DMHDD Approved Community Based Settings and Pregnant Women and Children Born October 1, 1983, or Later Who Do Not Qualify As Mandatory Categorically Needy
120.61 Cases in Intermediate Care, Skilled Nursing Care and DMHDD - MANG(AABD) and All Other Licensed Medical Facilities
120.62 Department of Mental Health and Developmental Disabilities (DMHDD) Approved Home and Community Based Residential Settings Under 89 Ill. Adm. Code 140.643
120.63 Department of Mental Health and Developmental Disabilities (DMHDD) Approved Home and Community Based Residential Settings
120.64 Pregnant Women and Children Born October 1, 1983, or Later Who Do Not Qualify As Mandatory Categorically Needy
120.65 Department of Mental Health and Developmental Disabilities (DMHDD) Licensed Community - Integrated Living Arrangements

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SUBPART D: SUPPLEMENTARY MEDICAL INSURANCE

Section
120.70 Supplementary Medical Insurance Benefits, Buy-In Program
120.72 Eligibility for Medicare Cost Sharing as a Qualified Medicare Beneficiary (QMB)
120.74 Qualified Medicare Beneficiary (QMB) Income Standard
120.76 Hospital Insurance Benefits (HIB)

SUBPART E: RECIPIENT RESTRICTION PROGRAM

Section
120.80 Recipient Restriction Program

SUBPART F: MIGRANT MEDICAL PROGRAM

Section
120.90 Migrant Medical Program
120.91 Income Standards

SUBPART G: AID TO THE MEDICALLY INDIGENT

Section
120.200 Elimination Of Aid To The Medically Indigent
120.208 Client Cooperation (Repealed)
120.210 Citizenship (Repealed)
120.211 Residence (Repealed)
120.212 Age (Repealed)
120.215 Relationship (Repealed)
120.216 Living Arrangement (Repealed)
120.217 Supplemental Payments (Repealed)
120.218 Institutional Status (Repealed)
120.224 Foster Care Program (Repealed)
120.225 Social Security Numbers (Repealed)
120.230 Unearned Income (Repealed)
120.235 Exempt Unearned Income (Repealed)
120.236 Education Benefits (Repealed)
120.240 Unearned Income In-Kind (Repealed)
120.245 Earmarked Income (Repealed)
120.250 Lump Sum Payments and Income Tax Refunds (Repealed)
120.255 Protected Income (Repealed)
120.260 Earned Income (Repealed)
120.261 Budgeting Earned Income (Repealed)
120.262 Exempt Earned Income (Repealed)
120.270 Recognized Employment Expenses (Repealed)
120.271 Income From Work/Study/Training Program (Repealed)
120.272 Earned Income From Self-Employment (Repealed)
120.273 Earned Income From Roomer and Boarder (Repealed)

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120.275 Earned Income In-Kind (Repealed)
120.276 Payments from the Illinois Department of Children and Family Services (Repealed)
120.280 Assets (Repealed)
120.281 Exempt Assets (Repealed)
120.282 Asset Disregards (Repealed)
120.283 Deferral of Consideration of Assets (Repealed)
120.284 Spend-down of Assets (AMI) (Repealed)
120.285 Property Transfers (Repealed)
120.290 Persons Who May Be Included in the Assistance Unit (Repealed)
120.295 Payment Levels for AMI (Repealed)

SUBPART H: MEDICAL ASSISTANCE - NO GRANT

Section
120.308 Client Cooperation
120.309 Caretaker Relative
120.310 Citizenship
120.311 Residence
120.312 Age
120.313 Blind
120.314 Disabled
120.315 Relationship
120.316 Living Arrangements
120.317 Supplemental Payments
120.318 Institutional Status
120.319 Assignment of Rights to Medical Support and Collection of Payment
120.320 Cooperation in Establishing Paternity and Obtaining Medical Support
120.321 Good Cause for Failure to Cooperate in Establishing Paternity and Obtaining Medical Support
120.322 Proof of Good Cause for Failure to Cooperate in Establishing Paternity and Obtaining Medical Support
120.323 Suspension of Paternity Establishment and Obtaining Medical Support Upon Finding Good Cause
120.324 Foster Care Program
120.325 Social Security Numbers
120.330 Unearned Income
120.332 Budgeting Unearned Income
120.335 Exempt Unearned Income
120.336 Education Benefits
120.338 Incentive Allowance
120.340 Unearned Income In-Kind
120.342 Court Ordered Child Support Payments of Parent/Step-Parent
120.345 Earmarked Income
120.346 Medicaid Qualifying Trusts
120.350 Lump Sum Payments and Income Tax Refunds
120.355 Protected Income
120.360 Earned Income

120.361	Budgeting Earned Income
120.362	Exempt Earned Income
120.364	Earned Income Exemption
120.366	Exclusion From Earned Income Exemption
120.370	Recognized Employment Expenses
120.371	Income From Work/Study/Training Programs
120.372	Earned Income From Self-Employment
120.373	Earned Income From Roomer and Boarder
120.375	Earned Income In Kind
120.376	Payments from the Illinois Department of Children and Family Services
120.379	Assessment of Assets
120.380	Assets
120.381	Exempt Assets
120.382	Asset Disregard
120.383	Deferral of Consideration of Assets
120.384	Spend-down of Assets (MANG)
120.385	Property Transfers for Applications Filed Prior to October 1, 1989 (Repealed)
120.386	Property Transfers Effective for Applications Filed on or After October 1, 1989
120.390	Persons Who May Be Included In the Assistance Unit
120.391	Individuals Under Age 18 Who Do Not Qualify For AFDC/AFDC-MANG And Children Born October 1, 1983, or Later
120.392	Pregnant Women Who Would Not Be Eligible For AFDC/AFDC-MANG If The Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy
120.393	Pregnant Women And Children Under Age Eight Years Who Do Not Qualify As Mandatory Categorically Needy Demonstration Project.
120.395	Payment Levels for MANG
120.399	Redetermination of Eligibility

AUTHORITY: Implementing Articles III, IV, V, VI and VII and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq, and 12-13)

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at 3

Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041 effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982, amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 6082; amended at 7 Ill. Reg. 8256, effective July 1, 1983; amended at 7 Ill. Reg. 8264, effective July 5, 1983; amended (by adding section being codified with no substantive change) at 7 Ill. Reg. 14747; amended (by adding sections being codified with no substantive change) at 7 Ill. Reg. 16108; amended at 8 Ill. Reg. 5253, effective April 9, 1984; amended at 8 Ill. Reg. 6770, effective April 27, 1984; amended at 8 Ill. Reg. 13328, effective July 16, 1984; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg.

17897; amended at 8 Ill. Reg. 18903, effective September 26, 1984; peremptory amendment at 8 Ill. Reg. 20706, effective October 3, 1984; amended at 8 Ill. Reg. 25053, effective December 12, 1984; emergency amendment at 9 Ill. Reg. 830, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 4515, effective March 25, 1985; amended at 9 Ill. Reg. 5346, effective April 11, 1985; amended at 9 Ill. Reg. 7153, effective May 6, 1985; amended at 9 Ill. Reg. 11346, effective July 8, 1985; amended at 9 Ill. Reg. 12298, effective July 25, 1985; amended at 9 Ill. Reg. 12823, effective August 9, 1985; amended at 9 Ill. Reg. 15903, effective October 4, 1985; amended at 9 Ill. Reg. 16300, effective October 10, 1985; amended at 9 Ill. Reg. 16906, effective October 18, 1985; amended at 10 Ill. Reg. 1192, effective January 10, 1986; amended at 10 Ill. Reg. 3033, effective January 23, 1986; amended at 10 Ill. Reg. 4907, effective March 7, 1986; amended at 10 Ill. Reg. 6966, effective April 16, 1986; amended at 10 Ill. Reg. 10688,effective June 3, 1986; amended at 10 Ill. Reg. 12672, effective July 14, 1986; amended at 10 Ill. Reg. 15649, effective September 19, 1986; amended at 11 Ill. Reg. 3992, effective February 23, 1987; amended at 11 Ill. Reg. 7652, effective April 15, 1987; amended at 11 Ill. Reg. 8735, effective April 20, 1987; emergency amendment at 11 Ill. Reg. 12458, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 14034, effective August 14, 1987; amended at 11 Ill. Reg. 14763, effective August 26, 1987; amended at 11 Ill. Reg. 20142, effective January 1, 1988; amended at 11 Ill. Reg. 20898, effective December 14, 1987; amended at 12 Ill. Reg. 904, effective January 1, 1988; amended at 12 Ill. Reg. 3516, effective January 22, 1988; amended at 12 Ill. Reg. 6234, effective March 22, 1988; amended at 12 Ill. Reg. 8672, effective May 13, 1988; amended at 12 Ill. Reg. 9132, effective May 20, 1988; amended at 12 Ill. Reg. 11483, effective June 30, 1988; emergency amendment at 12 Ill. Reg. 11632, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 11839, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12835, effective July 22, 1988; emergency amendment at 12 Ill. 13243, effective July 29, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 17867, effective October 30, 1988; amended at 12 Ill. Reg. 19704, effective November 15, 1988; amended at 12 Ill. Reg. 20188, effective November 23, 1988; amended at 13 Ill. Reg. 116, effective January 1, 1989; amended at 13 Ill. Reg. 2081, effective February 3, 1989; amended at 13 Ill. Reg. 3908, effective March 10, 1989; emergency amendment at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days; emergency expired November 25, 1989; emergency amendment at 13 Ill. Reg. 12137, effective July 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 15404, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16586, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 13 Ill. Reg. 17483, effective October 31, 1989; amended at 13 Ill. Reg. 17838, effective November 8, 1989; amended at 13 Ill. Reg. 18872, effective November 17, 1989; amended at 14 Ill. Reg. 760, effective January 1, 1990; emergency amendment at 14 Ill. Reg. 1494, effective January 2, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 4233, effective March 5, 1990; emergency amendment at 14 Ill. Reg. 5839, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 6372, effective April 16, 1990; amended at 14 Ill. Reg. 7637,

effective May 10, 1990; amended at 14 Ill. Reg. 10396, effective June 20, 1990; amended at 14 Ill. Reg. 13227, effective August 6, 1990; amended at 14 Ill. Reg. 14814, effective September 3, 1990; amended at 14 Ill. Reg. 17004, effective September 30, 1990; emergency amendment at 15 Ill. Reg. 348, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5302, effective April 1, 1991; amended at 15 Ill. Reg. 10101, effective June 24, 1991; amended at 15 Ill. Reg. 11973, effective August 12, 1991; amended at 15 Ill. Reg. 12747, effective August 16, 1991; amended at 15 Ill. Reg. 14105, effective September 11, 1991; amended at 15 Ill. Reg. 14240, effective September 23, 1991; amended at 16 Ill. Reg.139, effective December 24, 1991; amended at 16 Ill. Reg. 1862, effective January 20, 1992; amended at 16 Ill. Reg. 10034, effective June 15, 1992; amended at 16 Ill. Reg. 11582, effective July 15, 1992; amended at 16 Ill. Reg. _____, effective _____.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE

SUBPART H: MEDICAL ASSISTANCE - NO GRANT

Section 120.385 Property Transfers for Applications Filed Prior to October 1, 1989 (Repealed)

~~The provisions listed below apply to applications for Medicaid filed prior to October 1, 1989, and only with respect to property (i.e., assets) transferred prior to October 1, 1989.~~

~~a) A transfer of assets occurs when an applicant or recipient buys, sells or gives away real or personal property or changes (e.g., change from joint tenancy to tenancy in common) the way property is held.~~

~~b) A transfer is allowable if:~~

~~1) the transfer occurred more than two years from the date of review;~~

~~2) a fair market value was received. Fair market value is the price that an article or piece of property might be expected to bring if offered for sale in a fair market. Fair market value is determined by statements obtained from institutions, community members, etc. (e.g., bankers, jewelers, reputable realtors, etc.) recognized as having knowledge of property values.~~

~~3) the transfer was involuntary (e.g., tax sales, judgment sales, etc.);~~

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Section 120.385(b) (continued)

~~4) the transfer was due to separation, divorce or other settlement (e.g., when the court orders a settlement of a client's assets or when the client and the client's spouse divide their assets in half without a court order);~~

~~5) the transfer was a change from an individual to joint bank account;~~

~~6) the transfer was of exempt assets;~~

~~7) the transfer was an equal division of marital assets.~~

~~e) If the transfer does not fall within the listing of subsection (b) above, the transfer will be reviewed to determine if the transfer was made to qualify for or increase the need for assistance. If the transfer was made to qualify for or increase the need for assistance, the client is ineligible until whichever occurs first:~~

~~1) the asset is returned; or~~

~~2) a fair market value is paid to the client; or~~

~~3) the period of time the asset would meet the client's needs has passed; or~~

~~4) two years has passed.~~

~~d) If a client transfers an asset which is not allowable the client must verify that the transfer was not made to qualify for assistance (e.g., a bank repossesses the property. The client must provide a copy of the repossession paper(s) to the Department).~~

~~e) The client is ineligible for assistance for the number of months that the asset would have met his/her needs up to two (2) years from the date of the transfer. (To determine the number of months the asset would have met the client's need, divide the amount of the asset by the MANG Standard plus incurred medical expenses.)~~

~~1) For applicants, the first month of ineligibility is the month of application.~~

~~2) For recipients, the first month of ineligibility is the month assistance was discontinued because of the transfer.~~

(Source: Repealed at 16 Ill. Reg. _____, effective _____)

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Retailers' Occupation Tax

2) Code Citation: 86 Ill. Adm. Code 130

3) Section Numbers: Proposed Action:

130.220 Amendment

4) Statutory Authority: Ill. Rev. Stat. 1991, ch. 120, par. 440 et seq.

5) A Complete Description of the Subjects and Issues Involved: This rulemaking amends Section 130.220 to clarify that all gross receipts received from the sale of tangible personal property at retail, whether or not encumbered by leases or other rights vested in third parties, are presumed to be subject to Retailers' Occupation Tax. No deduction is permitted for any value attributable to intangible property or rights transferred in a sale of tangible personal property at retail if there is not clear evidence from the books and records of the retailer that the sale of such intangible personal property has been contracted for separately from the sale of the tangible personal property.

6) Will this proposed rule replace an emergency rule currently in effect: No

7) Does this rulemaking contain an automatic repeal date? No.

8) Does this proposed amendment contain incorporations by reference? No.

9) Are there any other proposed amendments pending on this Part: Yes.

Section Numbers	Proposed Action	IL Register Citation
130.101	Amendment	15 Ill. Reg. 18511
130.120	Amendment	15 Ill. Reg. 18511
130.401	Amendment	15 Ill. Reg. 18511
130.501	Amendment	15 Ill. Reg. 18511
130.502	Amendment	15 Ill. Reg. 18511
130.505	Amendment	15 Ill. Reg. 18511
130.510	Amendment	15 Ill. Reg. 18511
130.535	Amendment	15 Ill. Reg. 18511
130.540	Amendment	15 Ill. Reg. 18511
130.551	Amendment	15 Ill. Reg. 18511
130.815	Amendment	15 Ill. Reg. 18511
130.901	Amendment	15 Ill. Reg. 18511
130.1405	Amendment	15 Ill. Reg. 18511
130.1701	Amendment	15 Ill. Reg. 18511
130.1925	Amendment	15 Ill. Reg. 18511

DEPARTMENT OF REVENUE

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130.2145 Amendment 15 Ill. Reg. 18511

10) Statement of Statewide Policy Objectives: This rulemaking neither creates a state mandate nor does it modify any existing state mandate.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to submit comments on this proposed rule may submit them in writing by no later than 45 days after publication of this notice to:

Stanley T. Cichowski
Manager
Illinois Department of Revenue
Legal Services Bureau
101 West Jefferson
Springfield, Illinois 62794
Phone: (217) 782-7054

12) Initial Regulatory Flexibility Analysis:

A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: September 9, 1992

B) Types of small businesses affected: Any small business that engages in the sale of tangible personal property at retail.

C) Reporting, bookkeeping or other procedures required for compliance: No new procedures are required.

D) Types of professional skills necessary for compliance: Basic bookkeeping skills.

The full text of the Proposed Amendment(s) begins on the next page:

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUE

PART 130
RETAILERS' OCCUPATION TAX

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130.101 Character and Rate of Tax
130.105 Responsibility of Trustees, Receivers, Executors or Administrators
130.110 Occasional Sales
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130.115 Habitual Sales
130.120 Nontaxable Transactions

SUBPART B: SALE AT RETAIL

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130.201 The Test of a Sale at Retail
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SUBPART C: CERTAIN STATUTORY EXEMPTIONS

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130.305 Farm Machinery and Equipment
130.310 Food, Drugs, Medicines and Medical Appliances
130.315 Fuel Sold for Use in Vessels on Rivers Bordering Illinois
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130.325 Graphic Arts Machinery and Equipment Exemption
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130.335 Pollution Control Facilities
130.340 Rolling Stock
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SUBPART D: GROSS RECEIPTS

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130.405 How to Avoid Paying Tax on State Tax Passed on to the Purchaser
130.410 Cost of Doing Business Not Deductible
130.415 Transportation and Delivery Charges
130.420 Finance or Interest Charges--Penalties--Discounts
130.425 Traded-In Property
130.430 Deposit or Prepayment on Purchase Price

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

130.435 State and Local Taxes Other Than Retailers' Occupation Tax
130.440 Penalties
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130.450 Installation, Alteration and Special Service Charges

SUBPART E: RETURNS

Section
130.501 Monthly Tax Returns--When Due--Contents
130.502 Quarterly Tax Returns
130.505 Returns and How to Prepare
130.510 Annual Tax Returns
130.515 First Return
130.520 Final Returns When Business is Discontinued
130.525 Who May Sign Returns
130.530 Returns Covering More Than One Location Under Same Registration--Separate Returns for Separately Registered Locations
130.535 Payment of the Tax, Including Quarter Monthly Payments in Certain Instances
130.540 Returns on a Transaction by Transaction Basis
130.545 Registrants Must File a Return for Every Return Period
130.550 Filing of Returns for Retailers by Suppliers Under Certain Circumstances
130.551 Prepayment of Retailers' Occupation Tax on Motor Fuel
130.555 Vending Machine Information Returns
130.560 Verification of Returns

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130.605 Sales of Property Originating in Illinois
130.610 Sales of Property Originating in Other States

SUBPART G: CERTIFICATE OF REGISTRATION

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130.701 General Information on Obtaining a Certificate of Registration
130.705 Procedure in Disputed Cases Involving Financial Responsibility Requirements
130.710 Procedure When Security Must be Forfeited
130.715 Sub-Certificates of Registration
130.720 Separate Registrations for Different Places of Business of Same Taxpayer Under Some Circumstances
130.725 Display
130.730 Replacement of Certificate
130.735 Certificate Not Transferable
130.740 Certificate Required For Mobile Vending Units
130.745 Revocation of Certificate

SUBPART H: BOOKS AND RECORDS

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

Section
130.801 General Requirements
130.805 What Records Constitute Minimum Requirement
130.810 Records Required to Support Deductions
130.815 Preservation and Retention of Records
130.820 Preservation of Books During Pendency of Assessment Proceedings
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SUBPART I: PENALTIES AND INTEREST

Section
130.901 Civil Penalties
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130.910 Criminal Penalties

SUBPART J. BINDING OPINIONS

Section
130.1001 When Opinions from the Department are Binding

SUBPART K: SELLERS LOCATED ON, OR SHIPPING TO, FEDERAL AREAS

Section
130.1101 Definition of Federal Area
130.1105 When Deliveries on Federal Areas Are Taxable
130.1110 No Distinction Between Deliveries on Federal Areas and Illinois Deliveries Outside Federal Areas

SUBPART L: TIMELY MAILING TREATED AS TIMELY FILING AND PAYING

Section
130.1201 General Information
130.1205 Due Date that Falls on Saturday, Sunday or a Holiday

SUBPART M: LEASED PORTIONS OF LESSOR'S BUSINESS SPACE

Section
130.1301 When Lessee of Premises Must File Return for Leased Department
130.1305 When Lessor of Premises Should File Return for Leased Department
130.1310 Meaning of "Lessor" and "Lessee" in this Regulation

SUBPART N: SALES FOR RESALE

Section
130.1401 Seller's Responsibility to Determine the Character of the Sale at the Time of the Sale
130.1405 Seller's Responsibility to Obtain Certificates of Resale and Requirements for Certificates of Resale
130.1410 Requirements for Certificates of Resale **(Repealed)**
130.1415 Resale Number--When Required and How Obtained
130.1420 Blanket Certificate of Resale **(Repealed)**

SUBPART O: CLAIMS TO RECOVER ERRONEOUSLY PAID TAX

Section
130.1501 Claims for Credit--Limitations--Procedure
130.1505 Disposition of Credit Memoranda by Holders Thereof
130.1510 Refunds
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SUBPART P: PROCEDURE TO BE FOLLOWED UPON SELLING OUT OR DISCONTINUING BUSINESS

Section
130.1601 When Returns are Required After a Business is Discontinued
130.1605 When Returns Are Not Required After Discontinuation of a Business
130.1610 Cross Reference to Bulk Sales Regulation

SUBPART Q: NOTICE OF SALES OF GOODS IN BULK

Section
130.1701 Bulk Sales: Notices of Sales of Business Assets

SUBPART R: POWER OF ATTORNEY

Section
130.1801 When Powers of Attorney May be Given
130.1805 Filing of Power of Attorney With Department
130.1810 Filing of Papers by Agent Under Power of Attorney

SUBPART S: SPECIFIC APPLICATIONS

Section
130.1901 Addition Agents to Plating Baths
130.1905 Agricultural Producers
130.1910 Antiques, Curios, Art Work, Collectors' Coins, Collectors' Postage Stamps and Like Articles
130.1915 Auctioneers and Agents
130.1920 Barbers and Beauty Shop Operators
130.1925 Blacksmiths
130.1930 Chiropodists, Osteopaths and Chiropractors
130.1935 Computer Software
130.1940 Construction Contractors and Real Estate Developers
130.1945 Co-operative Associations
130.1950 Dentists
130.1951 Enterprise Zones
130.1955 Farm Chemicals
130.1960 Finance Companies and Other Lending Agencies - Installment Contracts - Repossessions
130.1965 Florists and Nurserymen
130.1970 Hatcheries
130.1975 Operators of Games of Chance and Their Suppliers
130.1980 Optometrists and Opticians
130.1985 Pawnbrokers

130.1990 Peddlers, Hawkers and Itinerant Vendors
130.1995 Personalizing Tangible Personal Property
130.2000 Persons Engaged in the Printing, Graphic Arts or Related Occupations, and Their Suppliers
130.2005 Persons Engaged in Nonprofit Service Enterprises and in Similar Enterprises Operated As Businesses, and Suppliers of Such Persons
130.2006 Sales by Teacher-Sponsored Student Organizations
130.2007 Exemption Identification Numbers
130.2008 Sales by Nonprofit Service Enterprises
130.2010 Persons Who Rent or Lease the Use of Tangible Personal Property to Others
130.2015 Persons Who Repair or Otherwise Service Tangible Personal Property
130.2020 Physicians and Surgeons
130.2025 Picture-Framers
130.2030 Public Amusement Places
130.2035 Registered Pharmacists and Druggists
130.2040 Retailers of Clothing
130.2045 Retailers on Premises of the Illinois State Fair, County Fairs, Art Shows, Flea Markets and the Like
130.2050 Sales and Gifts By Employers to Employees
130.2055 Sales by Governmental Bodies
130.2060 Sales of Alcoholic Beverages, Motor Fuel and Tobacco Products
130.2065 Sales of Automobiles for Use In Demonstration
130.2070 Sales of Containers, Wrapping and Packing Materials and Related Products
130.2075 Sales To Construction Contractors, Real Estate Developers and Speculative Builders
130.2080 Sales to Governmental Bodies, Foreign Diplomats and Consular Personnel
130.2085 Sales to or by Banks, Savings and Loan Associations and Credit Unions
130.2090 Sales to Railroad Companies
130.2095 Sellers of Gasohol, Coal, Coke, Fuel Oil and Other Combustibles
130.2100 Sellers of Feeds and Breeding Livestock
130.2105 Sellers of Newspapers, Magazines, Books, Sheet Music and Phonograph Records and Their Suppliers
130.2110 Sellers of Seeds and Fertilizer
130.2115 Sellers of Machinery, Tools and the Like
130.2120 Suppliers of Persons Engaged in Service Occupations and Professions
130.2125 Trading Stamps and Discount Coupons
130.2130 Undertakers and Funeral Directors
130.2135 Vending Machines
130.2140 Vendors of Curtains, Slip Covers, Floor Covering and Other Similar Items made to Order
130.2145 Vendors of Meals
130.2150 Vendors of Memorial Stones and Monuments
130.2155 Vendors of Signs
130.2156 Vendors of Steam

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

130.2160 Vendors of Tangible Personal Property Employed for Premiums, Advertising, Prizes, Etc.
130.2165 Veterinarians
130.2170 Warehousemen
130.ILLUSTRATION A: Examples of Tax Exemption Cards

AUTHORITY: Implementing the Illinois Retailers' Occupation Tax Act (Ill. Rev. Stat. 1991, ch. 120, pars. 440 et seq.) and authorized by Section 39b3 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1991, ch. 127, par. 39b3).

SOURCE: Adopted July 1, 1933; amended at 2 Ill. Reg. 50, p. 71, effective December 10, 1978; amended at 3 Ill. Reg. 12, p. 4, effective March 19, 1979; amended at 3 Ill. Reg. 13, pp. 93 and 95, effective March 25, 1979; amended at 3 Ill. Reg. 23, p. 164, effective June 3, 1979; amended at 3 Ill. Reg. 25, p. 229, effective June 17, 1979; amended at 3 Ill. Reg. 44, p. 193, effective October 19, 1979; amended at 3 Ill. Reg. 46, p. 52, effective November 2, 1979; amended at 4 Ill. Reg. 24, pp. 520, 539, 564 and 571, effective June 1, 1980; amended at 5 Ill. Reg. 818, effective January 2, 1981; amended at 5 Ill. Reg. 3014, effective March 11, 1981; amended at 5 Ill. Reg. 12782, effective November 2, 1981; amended at 6 Ill. Reg. 2860, effective March 3, 1982; amended at 6 Ill. Reg. 6780, effective May 24, 1982; codified at 6 Ill. Reg. 8229; recodified at 6 Ill. Reg. 8999; amended at 6 Ill. Reg. 15225, effective December 3, 1982; amended at 7 Ill. Reg. 7990, effective June 15, 1983; amended at 8 Ill. Reg. 5319, effective April 11, 1984; amended at 8 Ill. Reg. 19062, effective September 26, 1984; amended at 10 Ill. Reg. 1937, effective January 10, 1986; amended at 10 Ill. Reg. 12067, effective July 1, 1986; amended at 10 Ill. Reg. 19538, effective November 5, 1986; amended at 10 Ill. Reg. 19772, effective November 5, 1986; amended at 11 Ill. Reg. 4325, effective March 2, 1987; amended at 11 Ill. Reg. 6252, effective March 20, 1987; amended at 11 Ill. Reg. 18284, effective October 27, 1987; amended at 11 Ill. Reg. 18767, effective October 28, 1987; amended at 11 Ill. Reg. 19138, effective October 29, 1987; amended at 11 Ill. Reg. 19696, effective November 23, 1987; amended at 12 Ill. Reg. 5652, effective March 15, 1988; emergency amendment at 12 Ill. Reg. 14401, effective September 1, 1988, for a maximum of 150 days, modified in response to an objection of the Joint Committee on Administrative Rules at 12 Ill. Reg. 19531, effective November 4, 1988, not to exceed the 150 day time limit of the original rulemaking; emergency expired January 29, 1989; amended at 13 Ill. Reg. 11824, effective June 29, 1989; amended at 14 Ill. Reg. 241, effective December 21, 1989; amended at 14 Ill. Reg. 872, effective January 1, 1990; amended at 14 Ill. Reg. 15463, effective September 10, 1990; amended at 14 Ill. Reg. 16028, effective September 18, 1990; amended at 15 Ill. Reg. 6621, effective April 17, 1991; amended at 15 Ill. Reg. 13542, effective August 30, 1991; amended at 15 Ill. Reg. 6621, effective April 17, 1991; amended at 15 Ill. Reg. 15757, effective October 15, 1991; amended at 16 Ill. Reg. 1642, effective January 13, 1992; amended at ___ Ill. Reg. _____, effective _____.

Section 130.220 Sales to Lessors of Tangible Personal Property

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

a) Effective August 1, 1967, the sale of tangible personal property to a purchaser who will act as a lessor of such tangible personal property is a sale at retail and is subject to Retailers' Occupation Tax. Also, effective August 1, 1967, the sale of tangible personal property that is used, employed or consumed by the purchaser in or upon other tangible personal property as to which such purchaser acts as a lessor is a sale at retail and so is subject to Retailers' Occupation Tax.

b) However, an exception exists for the sale of an automobile to an automobile rentor for use as a rental automobile under lease terms of one (1) year or less, provided the lessor gives proper certification to the seller. The exception does not apply to a retail sale of repair or replacement parts for rental automobiles.

c) All gross receipts received from the sale of tangible personal property at retail whether or not encumbered by leases or other rights vested in third parties, are presumed to be subject to Retailers' Occupation Tax. No deduction will be permitted for any value attributable to intangible property or rights transferred in a sale of tangible personal property at retail if there is not clear evidence from the books and records of the retailer that the sale of such intangible property has been contracted for separately from the sale of the tangible personal property. In no event will the combined sale of tangible and intangible property be permitted to reduce the tax base of the tangible personal property being sold below the fair market value of similar tangible personal property sold separately.

(Source: Amended at ___ Ill. Reg. _____, effective _____)

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Use Tax

2) Code Citation: 86 Ill. Adm. Code 150

3) Section Numbers: Proposed Action:

150.Table A Amendment

4) Statutory Authority: Ill. Rev. Stat. 1991, ch. 120, par. 439.12

5) A Complete Description of the Subjects and Issues Involved: Under the authority of Ill. Rev. Stat, 1991, ch. 34, par. 5-1006, Cook County enacted an ordinance providing for a 3/4% increase in the Cook County Home Rule County Retailers' Occupation Tax, effective September 1, 1992. In addition, Public Act 87-733 (Ill. Rev. Stat., 1991, ch. 85, par. 1233) authorizes local tax increases in specific Chicago metropolitan areas to provide funding for the McCormick Place Convention Center expansion project effective July 1, 1992.

Currently, 86 Ill. Adm. Code 150.Table A sets out sales tax collection brackets, intended for use by Illinois retailers, which range from 1/8% to 8% tax rates. Due to the increase in certain local and county taxes, combined with the State rate of 6.25%, municipal and transit taxes already in place, the cumulative tax rate in many areas will exceed 8%. In order to facilitate the collection of taxes, the duty with which the Department of Revenue is charged under Ill. Rev. Stat., 1991, ch. 127, par. 39b, it is imperative to have rules in effect immediately supplementing the current tax brackets with sales tax ranges from 8 1/4% to 12%. Without immediately effective rules, public interest and welfare will be threatened by jeopardizing the Department's ability to collect sales tax on behalf of the State of Illinois. Illinois retailers have come to depend upon sales tax collection bracket information in determining the appropriate amount of tax to collect from customers. Making the additional tax bracket information immediately available to Illinois retailers will enable them to accurately collect and remit sales tax to the Department at a time when every dollar projected as sales tax revenue is crucial to the State's operating budget.

6) Will this proposed rule replace an emergency rule currently in effect: Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part: Yes

Section Numbers Proposed Action IL Register Citation

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

150.901 Amendment 15 Ill. Reg. 18561

10) Statement of Statewide Policy Objectives: This rulemaking neither imposes a State mandate, nor modifies an existing mandate.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to submit comments on this proposed rule may submit them in writing by no later than 45 days after publication of this notice to:

Stanley T. Cichowski
Manager
Illinois Department of Revenue
Legal Services Bureau
101 West Jefferson
Springfield, Illinois 62794
Phone: (217) 782-7054

12) Initial Regulatory Flexibility Analysis:

A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: September 9, 1992

B) Types of small businesses affected: Any small business that sells tangible personal property at retail for use or consumption.

C) Reporting, bookkeeping or other procedures required for compliance: No additional procedures required.

D) Types of professional skills necessary for compliance: None.

The full text of the Proposed Amendments are identical to the text of the Emergency Amendments which appear in this issue of the Register on Page 14891.

DEPARTMENT ON AGING

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Community Care Program

2) Code Citation: 89 Ill. Adm. Code 240

3) Section Numbers: Adopted Action:

240.1600	Amendment
240.1605	Amendment
240.1610	Amendment
240.1620	Amendment
240.1625	Amendment
240.1630	Amendment
240.1635	Amendment
240.1640	Amendment
240.1645	Amendment
240.1650	Amendment
240.1655	Amendment
240.1660	Amendment
240.1661	New Section
240.1665	Amendment

4) Statutory Authority: Ill. Rev. Stat. 1991, Ch. 23, Sections 6104.01(4), (9), (11), and (12); 6104.02, 6104.03, and 6105.02

5) Effective Date of Amendment(s): September 8, 1992

6) Does this rulemaking contain an automatic repeal date?
____ Yes X No

7) Does this amendment contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: September 4, 1992

9) Notice of Proposal Published in Illinois Register:

March 20, 1992 : 16 Ill. Reg. 4087
(issue date)
Correction:
March 27, 1992: 16 Ill. Reg. 5083

10) Has JCAR issued a Statement of Objections to this (these) amendment(s)? No

11) Difference(s) between proposal and final version:

DEPARTMENT ON AGING

NOTICE OF ADOPTED AMENDMENTS

The following changes have occurred between the proposal and final version:

TABLE OF CONTENTS:

Section 240.400
Section 240.435
Section 240.655
the word "EMERGENCY" has been deleted below these Section cites as permanent rulemaking has occurred on these Sections.

Section 240.451
Section 240.727
Section 240.728
Section 240.729
were added as New Sections under emergency rulemaking.

Section 240.720
Section 240.725
Section 240.726
have been repealed by emergency rulemaking.

AUTHORITY NOTE:

The date of "1989" with respect to the Ill. Rev. Statutes has been updated to "1991".

SOURCE NOTE:

updated to include "emergency amendments at 16 Ill. Reg. 4069, effective February 28, 1992, to expire June 30, 1992; amended at 16 Ill. Reg. 11403, effective June 30, 1992; emergency amendments at 16 Ill. Reg. 11625, effective July 1, 1992, for a maximum of 150 days; amended at Ill. Reg. 11731, effective June 30, 1992; emergency amendment at 16 Ill. Reg. 12615, effective July 23, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. _____, effective September 4, 1992.

Section 240.1600:

Subsection 240.1600(b):

the word "made" immediately following the word "agreement" and immediately before the word

"between" in the first sentence has been deleted.

Subsection 240.1600(b)(1):

the word "thirty" has been deleted and the number "30" has been added and inserted in its place;

Section 240.1605:

Subsection 240.1605(b):

the word "subsection" immediately following the word "in" and immediately before "240.1620(a)" has been deleted and the word "Section" has been added and inserted in its place.

Subsection 240.1605(b)(1)(A):

the letters "se" were added and inserted immediately following the letter "o" in the word "who" which immediately follows the word "area" and is immediately before the word "submitted";

the word "submitted" immediately following the word "whose" and immediately before the word "proposals" has been deleted.

Subsection 240.1605(b)(2)(A):

the word "subsection" immediately following the word "in" and immediately before "240.1620(a)(1)" has been deleted and the word "Section" has been added and inserted in its place.

Subsection 240.1605(b)(2)(B)(i):

"did/" has been added and inserted immediately following the word "provider(s)" and immediately before the word "does";

the letters "se" were added and inserted immediately following the letter "o" in the word "who" which immediately follows the word "area" and is immediately before the word "submitted".

the word "submitted" immediately following the word "whose" and immediately before the word

"proposals" has been deleted.

Subsection 240.1605(b)(3):

the letter "s" on the word "procurements" has been deleted.

Section 240.1610:

Subsection 240.1610(a):

the word "six" has been deleted and the number "6" has been added and inserted in its place.

Subsection 240.1610(a)(1):

the word "six" has been deleted and the number "6" has been added and inserted in its place.

Subsection 240.1610(a)(2):

the word "two" has been deleted and the number "2" has been added and inserted in its place.

Subsection 240.1610(a)(3):

the word "six" has been deleted and the number "6" has been added and inserted in its place.

Subsection 240.1610(a)(4)(i):

has been amended to "subsection 240.1610(a)(4)(A)";

the word "five" has been deleted and the number "5" has been added and inserted in its place;

the word "three" has been deleted and the number "3" has been added and inserted in its place.

Subsection 240.1610(a)(4)(ii):

has been amended to "subsection 240.1610(a)(4)(B)";

the word "two" has been deleted and the number "2" has been added and inserted in its place;

DEPARTMENT ON AGING

NOTICE OF ADOPTED AMENDMENTS

the word "one" has been deleted and the number "1" has been added and inserted in its place.

Subsection 240.1610(a)(4)(iii):

has been amended to "subsection 240.1610(a)(4)(C)";

the word "two" has been deleted and the number "2" has been added and inserted in its place;

the word "six" has been deleted and the number "6" has been added and inserted in its place.

Subsection 240.1610(a)(4)(iv):

has been amended to "subsection 240.1610(a)(4)(D)".

Subsection 240.1610(c):

the word "thirty" has been deleted and the number "30" has been added and inserted in its place;

the comma "," immediately following the word "rights" and immediately before the word "in" has been deleted;

the words "adjusted rate" immediately following the word "the" have been deleted and the word "changed" has been added and inserted in their place.

Section 240.1620:

Subsection 240.1620(a):

the word "subsection" immediately following the word "to" and immediately before "240.1605(b))" has been deleted and the word "Section" has been added and inserted in its place.

Subsection 240.1620(a)(1):

the word "three" has been deleted and the number "3" has been added and inserted in its place;

DEPARTMENT ON AGING

NOTICE OF ADOPTED AMENDMENTS

the word "ten" has been deleted and the number "10" has been added and inserted in its place.

Section 240.1625:

Subsection 240.1625(d)(3):

the word "seven" has been deleted and the number "7" has been added and inserted in its place.

Section 240.1630:

Subsection 240.1630(a):

the subsection letter "(a)" has been deleted;

the phrase "chore housekeeping and homemaker" immediately following the word "for" and immediately before the word "service" has been deleted;

the letter "s" has been added and inserted immediately following the letter "e" in the word "service" which immediately follows the word "for" and is immediately before the word "and".

Subsection 240.1630(a)(1):

this subsection has been amended to "subsection 240.1630(a)";

the word "two" has been deleted and the number "2" has been added and inserted in its place.

Subsection 240.1630(a)(1)(A):

this subsection has been amended to "subsection 240.1630(a)(1)";

the word "one" has been deleted and the number "1" has been added and inserted in its place;

the word "two" has been deleted and the number "2" has been added and inserted.

Subsection 240.1630(a)(1)(B):

DEPARTMENT ON AGING

NOTICE OF ADOPTED AMENDMENTS

this subsection has been amended to "subsection 240.1630(a)(2)".

Subsection 240.1630(a)(2):

this subsection has been amended to "subsection 240.1630(b)";

the word "eleven" has been deleted and the number "11" has been added and inserted in its place;

in the EXCEPTION statement, the word "six" has been deleted and the number "6" has been added and inserted in its place; the following sentence has been added immediately following the first sentence;

> The Department will not set any minimum or maximum number of adult day care service contracts to be awarded within any County/Sub-Area/Region, and will entertain proposals for adult day care for a portion of a specified County/Sub-Area/Region.;

the EXCEPTION statement has been indented.

Subsection 240.1630(a)(3):

this subsection has been amended to "subsection 240.1630(c)";

the comma "," immediately following the word "population(s)" and immediately before the word "residing" has been deleted;

the comma "," immediately following the word "area" and immediately before the word "can" has been deleted.

Subsection 240.1630(b):

has been deleted.

Subsection 240.1630(c):

has been deleted.

DEPARTMENT ON AGING

NOTICE OF ADOPTED AMENDMENTS

Section 240.1635:

Subsection 240.1635(a)(6):

the semi-colon ";" has been deleted immediately following the word "points)" and a period "." has been added and inserted in its place.

Section 240.1650:

the letter "s" on the word "Failures" has been enclosed by parentheses, "(s)".

Subsection 240.1650(b)(1):

the word "sixty" has been deleted and the number "60" has been added and inserted in its place.

Subsection 240.1650(b)(2):

the word "sixty" has been deleted and the number "60" has been added and inserted in its place.

Subsection 240.1650(b)(3):

the word "sixty" has been deleted and the number "60" has been added and inserted in its place.

Subsection 240.1650(c)(2):

the letter "s" has been added and inserted at the end of the word "Section" which immediately follows the word "in" and is immediately before "240.1530,".

Section 240.1655:

Subsection 240.1655(b):

the "/" has been added and inserted immediately following the word "and" and immediately before the word "or".

Section 240.1665:

Subsection 240.1665(b):

DEPARTMENT ON AGING

NOTICE OF ADOPTED AMENDMENTS

the word "vendor" immediately following the word "a" and immediately before the word "has" has been deleted and the word "provider" has been added and inserted in its place.

Subsection 240.1665(c):

the word "ninety" has been deleted and the number "90" has been added and inserted in its place.

Subsection 240.1665(d):

the parentheses around the letter "s" in the word "client(s)" have been deleted.

Subsection 240.1665(l):

the word "for" immediately following the word "appropriate" and immediately before the word "the" has been deleted and the word "to" has been added and inserted in its place.

The following changes have been made in response to comment(s) received during the first notice period:

TABLE OF CONTENTS

Section 240.1640:

the words "Determination and" have been added and inserted immediately before the word "Notification" of the Section title.

Section 240.1605:

Subsection 240.1605(a)(2):

the phrase "the Department determines it is" has been added and inserted immediately following the word "whenever" and immediately before the word "necessary".

Subsection 240.1605(b)(1)(A):

the word "area" has been added and inserted immediately following the word "contracting" and immediately before the word "will".

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the phrase "were evaluated and met the minimum requirements" was added and inserted immediately following the word "service".

Subsection 240.1605(b)(3):

the word "two" has been deleted and the number "6" has been added and inserted in its place.

Subsection 240.1605(b)(4):

the phrase "at either the established fixed unit rate or at an alternative unit rate," immediately following the word "contract" and immediately before the words "the Department" has been deleted.

the words "take action" have been added and inserted immediately following the word "shall" and immediately before the word "transfer".

the phrase "transfer clients to another CCP service provider" immediately following the words "take action" and immediately before the words "to ensure" has been deleted.

the phrase ", if possible" has been added and inserted immediately following the word "clients,".

Subsection 240.1605(c)(3):

the period (.) immediately following the word "service(s)" has been deleted and a comma (,) followed by the words "and/or" has been added and inserted;

Subsection 240.1605(c)(4):

this subsection has been added and inserted immediately following subsection 240.1605(c)(3) and reads;

> to establish new or additional services in an area in which the Department has determined an underserved population exists.

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Section 240.1610:

Subsection 240.1610(a)(4)(B):

the words "two year" immediately following the word "any" and immediately before the word "solicitation" have been deleted;

the word "cycle" immediately following the word "solicitation" has been deleted.

Subsection 240.1610(a)(4)(C):

the words "two year" immediately following the word "scheduled" and immediately before the word "procurement" have been deleted;

the word "cycle" immediately following the word "procurement" and immediately before the word "that" has been deleted;

the phrase ", except as noted in subsection 240.1605(c)" has been added and inserted immediately following the word "period".

Section 240.1620:

Subsection 240.1620(b)(2):

the words "two year" immediately following the word "scheduled" and immediately before the word"procurement" have been deleted;

the word "cycle" immediately following the word "procurement" and immediately before "RFP" has been deleted.

Section 240.1625:

Subsection 240.1625(b):

the word "Vendor" immediately following the word "The" and immediately before the word "Proposal" has been deleted and the word "Provider" has been added and inserted in its place.

Section 240.1630:

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Subsection 240.1630(a)(1):

the word "vendors" immediately following the "two" and immediately before the word "in" has been deleted and the word "providers" has been added and inserted in its place.

Subsection 240.1630(c):

the word "special" immediately following the word "other" and immediately before the word "population(s)" has been deleted;

the phrase "the special needs of" has been added and inserted immediately following the words "demonstrated that" and immediately before the words "a racial";

the phrase "can best be met by additional providers and/or when a provider is well-established and has a history of providing service to a restricted contract area" has been added and inserted immediately following the phrase "that restricted contract area";

the phrase ", does not have ready access to Community Care Program services" has been deleted.

Subsection 240.1630(d):

has been added as follows:

At no time can a provider serving an unrestricted contract area also serve a restricted contract area in the same County/Sub-Area/Region.

Section 240.1640:

Subsection 240.1640(c):

the following sentence has been added and inserted immediately following the first sentence and immediately before the second sentence of the subsection:

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If the award decision included consideration of factors in addition to or other than score, a rationale statement also will be provided to the applicants (i.e., event of a tie score).

Section 240.1645:

Subsection 240.1645(a)(2):

the following phrase has been added and inserted immediately following the words "competitors Proposal" in the second sentence of the subsection:

. . . or to the rationale statement (refer to Section 240.1640(c));

Subsection 240.1645(b):

the word "not" has been added and inserted immediately following the word "shall" and immediately before the word "be" in the proposed second sentence of this subsection.

Section 240.1650:

Subsection 240.1650(c)(1) through (7):

the Roman Numerals at the end of each subsection have been deleted.

Section 240.1655:

Subsection 240.1655(a):

the word "vendor" immediately following the word "contracted" and immediately before the word "agencies" has been deleted and the word "providers" has been added and inserted in its place.

Section 240.1660:

Subsection 240.1660(a)(3):

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has been deleted in its entirety and the following has been added and inserted in its place:

If correctable non-compliance findings result from the initial on-site Provider Compliance Review, the provider shall receive a written report of the findings and have a specified period of time to correct the non-compliance circumstances. The allowable time period shall be relevant to the classification of the violation and to the applicable corrective action timeframes specified in Section 240.1650.

Subsection 240.1660(b)(3):

the word "conclusion" immediately following the words "at the" and immediately before the words "of the" has been deleted and the word "time" has been added and inserted in its place;

Subsection 240.1660(b)(4):

has been added and inserted following subsection 240.1660(b)(3) and reads:

If correctable non-compliance findings result from the Comprehensive Compliance Review, the provider shall receive a written report of the findings and have a specified period of time to correct the non-compliance circumstances. The allowable time period shall be relevant to the classification of the violation and to the applicable corrective action timeframes specified in Section 240.1650.

Subsection 240.1660(c)(3):

the word "correctable" immediately following the word "If" and immediately before the word "non-compliance" has been deleted.

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Section 240.1661:

Subsection 240.1661(a):

has been amended to "subsection 240.1661(c)";

the following has been added and inserted as subsection 240.1661(a):

Upon receipt of the Provider Compliance Review report of non-compliance findings and the written notification of contract action(s) to be taken, a provider wanting to appeal must do so in such a manner that the appeal is received at the Department's Springfield Office on or before the tenth day from the date of the provider's receipt of the report and notification. If the appeal is not received before the close of business on the tenth work day, the appeal shall be disregarded.

Subsection 240.1661(b):

has been deleted and the following has been added and inserted in its place:

Appeals shall be submitted in the manner and form specified by the Department and shall be addressed, delivered or mailed to:

Director
Attention: General Counsel
Illinois Department on Aging
421 East Capitol Avenue
Springfield, Illinois 62701

Subsections 240.1661(d)(1) and (2):

have been added and inserted as follows:

The Director may determine that the circumstance(s) causing the contract action(s) warrant(s) a hearing which

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shall be conducted at the Illinois Department on Aging, 421 East Capitol, Springfield, Illinois.

1) The provider may bring appropriate representation and written appeal data to the hearing.

2) Appropriate Department staff will be in attendance at the hearing.

Subsection 240.1661(e):

has been added and inserted as follows:

All hearings shall be conducted in accordance with Department hearing rules (89 Ill. Admin. Code 220.500 through 220.520)

Section 240.1665:

Subsection 240.1665(d):

the words "all or" found immediately following the word "of" and immediately before the words "a portion" have been deleted.

Subsection 240.1665(f):

the phrase "of provider's contract" has been added and inserted immediately following the word "termination" and immediately before the word "and".

Subsection 240.1665(g):

the letters "on" have been deleted from the word "correction" and the letters "ve" have been added and inserted in their place;

the word "action" has been added and inserted immediately following the word "corrective".

Subsection 240.1665(h):

the words "to implement" have been added and

inserted immediately following the word "and" and immediately before the word "make";

the phrase "as provided in the evaluation and negotiated with the Department" has been added and inserted immediately following the word "improvement".

Subsection 240.1665(k):

the phrase "prohibiting the vendor from competing" has been deleted and the phrase "refusing to accept a proposal(s) from a provider" has been added and inserted in its place.

12) Have all changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this amendment replace an emergency amendment currently in effect? No

14) Are there any proposed amendments pending on this Part? Yes

Section Numbers:	Proposed Action:	Illinois Register:
240.400	Amendment	16 Ill.Reg. 11363
240.415	Amendment	16 Ill.Reg. 11363
240.451	New Section	16 Ill.Reg. 11363
240.720	Repeal	16 Ill.Reg. 11363
240.725	Repeal	16 Ill.Reg. 11363
240.726	Repeal	16 Ill.Reg. 11363
240.727	New Section	16 Ill.Reg. 11363
240.728	New Section	16 Ill.Reg. 11363
240.800	Amendment	16 Ill.Reg. 11363
240.810	Amendment	16 Ill.Reg. 11363
240.825	Amendment	16 Ill.Reg. 11363
240.855	Amendment	16 Ill.Reg. 11363
240.729	New Section	16 Ill.Reg. 11251

15) Summary and Purpose of Amendment(s):

These amendments are being adopted to ensure that adjustments in the Community Care Program procurement process, compliance review processes and contract actions are made prior to the next solicitation for providers of the Community Care Program services.

16) Information and questions regarding these adopted amendments shall be directed to:

Name: Mary J. Mayes
Policy and Rules Analyst
Address: Illinois Department on Aging
421 East Capitol Avenue
Springfield, IL 62701
Telephone: (217) 782-4842

The full text of the Adopted Amendment(s) begins on the next page:

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TITLE 89: SOCIAL SERVICES
CHAPTER II: DEPARTMENT ON AGING

PART 240
COMMUNITY CARE PROGRAM

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240.100 Community Care Program
240.110 Department Prerogative
240.120 Services Provided
240.130 Maintenance of Effort
240.140 Program Limitations
240.150 Completed Applications Prior to August 1,1982 (Repealed)
240.160 Definitions

SUBPART B: SERVICE DEFINITIONS

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240.220 Chore-Housekeeping Service
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240.300 Applicant/Client Rights and Responsibilities
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240.330 Freedom of Choice
240.340 Confidentiality/Safeguarding of Case Information
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SUBPART D: APPEALS

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240.400 Appeals and Fair Hearings
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EMERGENCY
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SUBPART F: ELIGIBILITY

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240.620 Home Visit
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SUBPART G: NON-FINANCIAL REQUIREMENTS

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240.710 Age
240.715 Determination of Need
240.720 Clients Prior to Effective Date of This Section
EMERGENCY (Repealed)

240.725 Clients After Effective Date of This Section (Repealed)
EMERGENCY
240.726 Emergency Budget Act Reduction (Repealed)
EMERGENCY
240.727 Minimum Score Requirements
EMERGENCY
240.728 Maximum Payment Levels for Service
EMERGENCY
240.729 Maximum Payment Levels for Adult Day Care Service
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240.730 Plan of Care
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240.1170 Caseload Transfer - Vendor to Vendor
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240.1210 Administrative Service Contract

SUBPART M: CASE COORDINATION UNITS AND VENDORS

Section
240.1310 Standard Contractual Requirements for Case Coordination Units and Vendors
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240.1330 General Vendor and CCU Responsibilities (Repealed)
240.1396 Payment for Services (Repealed)
240.1397 Purchases and Contracts (Repealed)
240.1398 Safeguarding Case Information (Repealed)
240.1399 Suspension/Termination of a Vendor or Case Coordination Unit (CCU)

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240.1400 Community Care Program Case Management
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240.1510 Vendor Administrative Minimum Standards
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240.1530 General Homemaker Staffing Requirements
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240.1545 Chore-Housekeeping Staff Positions, Qualifications and Responsibilities
240.1550 Standard Requirements for Adult Day Care Vendors
240.1555 General Adult Day Care Staffing Requirements
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SUBPART P: PROVIDER~~VENDOR~~ PROCUREMENT

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240.1600 Provider~~Vendor~~ Contract~~Procurement~~
240.1605 Procuring Provider~~Vendor~~ Services
240.1610 Procurement Cycle for Provider Services
240.1620 Issuance of Provider~~Vendor Request for~~ Proposal and

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240.1625 Content of Provider~~Vendor Request for~~ Proposal and Guidelines
240.1630 Criteria for Number of ~~Chore Housekeeping and Homemaker~~ Provider~~Vendor~~ Contracts Awarded
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240.1640 Determination and Notification of Provider~~Vendor~~ Awards
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240.1655 Method of Identification of Provider Service~~Type I, II and III Vendor~~ Violations
240.1660 Compliance Reviews of Contracted Provider Agencies~~Vendor Compliance During Contract Period~~
240.1661 Provider Right to Appeal
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SUBPART Q: CASE COORDINATION UNIT PROCUREMENT

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SUBPART R: ADVISORY COMMITTEES

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240.1800 Policy Advisory Committee
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SUBPART S: RATES

Section
240.1910 Establishment of Fixed Unit Rates
240.1920 Contract Specific Variations
240.1930 Fixed Unit Rates of Reimbursement for Chore-Housekeeping and Homemaker Services
240.1940 Fixed Unit Rates of Reimbursement for Adult Day Care Service and Transportation
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Section
240.2020 Financial Reporting of Chore-Housekeeping and Homemaker Services

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240.2030 Unallowable Costs for Chore-Housekeeping and Homemaker Services
240.2040 Minimum Direct Service Worker Costs for Chore-Housekeeping and Homemaker Services
240.2050 Cost Categories for Chore-Housekeeping and Homemaker Services

AUTHORITY: Implementing Section 4.02 and authorized by Section 4.01(1) of the Illinois Act on the Aging (Ill. Rev. Stat. 1991, ch. 23, pars. 6104.02 and 6104.01(1)).

SOURCE: Emergency rules adopted at 4 Ill. Reg. 1, p. 67, effective December 20, 1979, for a maximum of 150 days; adopted at 4 Ill. Reg. 17, p. 151, effective April 25, 1980; amended at 4 Ill. Reg. 43, p. 86, effective October 15, 1980; emergency amendments at 5 Ill. Reg. 1900, effective February 18, 1981, for a maximum of 150 days; amended at 5 Ill. Reg. 12090, effective October 26, 1981; emergency amendments at 6 Ill. Reg. 8455, effective July 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 14953, effective December 1, 1982; amended at 7 Ill. Reg. 8697, effective July 20, 1983; codified at 8 Ill. Reg. 2633; amended at 9 Ill. Reg. 1739, effective January 29, 1985; amended at 9 Ill. Reg. 10208, effective July 1, 1985; emergency amendments at 9 Ill. Reg. 14011, effective August 29, 1985, for a maximum of 150 days; amended at 10 Ill. Reg. 5076, effective March 15, 1986; recodified at 12 Ill. Reg. 7980; amended at 13 Ill. Reg. 11193, effective July 1, 1989; emergency amendments at 13 Ill. Reg. 13638, effective August 18, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 17327, effective November 1, 1989; amended at 14 Ill. Reg. 1233, effective January 12, 1990; amended at 14 Ill. Reg. 10732, effective July 1, 1990; emergency amendments at 15 Ill. Reg. 2838 effective, February 1, 1991 for a maximum of 150 days; amended at 15 Ill. Reg. 10351, effective July 1, 1991; emergency amendments at 15 Ill. Reg. 14593, effective October 1, 1991, for a maximum of 150 days; emergency amendments at 15 Ill. Reg. 17398, effective November 15, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 18568, effective December 13, 1991; emergency amendments suspended at 16 Ill. Reg. 1744; emergency amendments at 16 Ill. Reg. 2630 effective February 1, 1992, for a maximum of 150 days; emergency amendments modified and reinstated at 16 Ill. Reg. 2943; emergency amendments at 16 Ill. Reg. 2901, effective February 6, 1992, to expire June 30, 1992; emergency amendments at 16 Ill. Reg. 4069, effective February 28, 1992, to expire June 30, 1992; amended at 16 Ill. Reg. 11403, effective June 30, 1992; emergency amendments at 16 Ill. Reg. 11625, effective July 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 11731, effective June 30, 1992; emergency amendment at 16 Ill. Reg. 12615, effective July 23, 1992, for a maximum of

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150 days; amended at 16 Ill. Reg. 14565, effective September 8, 1992.

NOTE: Bold faced type denotes statutory language.

SUBPART P: PROVIDER~~VENDOR~~ PROCUREMENT

Section 240.1600 Provider~~Vendor~~ Contract~~Procurement~~

a) All services provided to Community Care Program clients~~eligible individuals~~ shall be delivered in accordance with contracts entered into between the provider~~vendor~~ agencies and the Department. The Department shall operate, for services as described in Sections 240.210, 240.220, 240.230 and 240.250, under procurement policies~~practices and procedures~~ described in this Subpart.

b) The contract shall be~~is~~ a binding agreement~~made~~ between~~by~~ the Department and the provider~~vendor~~ agency~~ies~~ as~~to~~ evidence of the terms and conditions of the contract. The terms and conditions shall, at a minimum, include the following~~but are not limited to~~:

1) the contractual agreement between the Department and the provider~~vendor~~ may be terminated without cause by either party upon 30~~thirty (30)~~ calendar days written notice;

2) the contractual agreement between the Department and the provider~~vendor~~ may be amended, with the mutual consent of both parties, at any time during the term of the contract;

3) all program and financial records, reports, and related information and documentation, including client files, which are generated as a result of the agreement shall be considered the property of the Department.

(Source: Amended at 16 Ill. Reg. 14565, effective September 8, 1992)

Section 240.1605 Procuring Provider~~Vendor~~ Services

a) The services procured pursuant to this Part are

considered by the Department to be professional services to protect~~because of~~ the health~~life~~, safety and welfare of the Community Care Program (CCP) clients~~social services performed by the service vendors~~. Although the Department is not required to competitively bid professional services, in order to maximize competition in the procurement of CCP services the Department shall, whenever possible, procure these services through use of the Request for Proposal process described in this Subpart.~~An essential element of the program is that the client must trust the service vendor to perform services for the client in the client's home or at the adult day care site.~~

1) The Department shall solicit proposals for the provision of CCP services in accordance with the procurement cycle specified in Section 240.1610.

2) The Department shall also solicit proposals~~, using the Request for Proposal process,~~ whenever the Department determines it is necessary to ensure that the best interests~~, as determined by the Department,~~ of the client population are met.

3) If, after evaluation of the responses to the Request for Proposal process, the Department determines not to make an award, the Department shall secure needed services through any means of selection likely to result in a contract.

b) The Department shall use the following emergency contracting process if time does not permit the use of an advertised procurement action as specified in Section~~subsection~~ 240.1620(a), or if, after evaluation of the responses to the Request for Proposal process, the Department determines not to make an award.~~Although professional services are exempt from the competitive bid requirement of the Illinois Purchasing Act (Ill. Rev. Stat. 1987, ch. 127, pars. 132.1 et seq.), the Department, in order to maximize competition in the procurement of Community Care Program (CCP) services, has chosen to procure these services through use of the request for proposal process described in this Subpart.~~

1) The Department shall contact current CCP providers of the same or similar service in the emergency contracting area in order to issue a temporary negotiated contract(s) at established fixed unit rates (refer to Subpart S of this Part).

A) If a current CCP provider(s) in the emergency contracting area will not accept a temporary negotiated contract, the Department shall subsequently contact participants in the previous CCP procurement for that area whose ~~submitted~~ proposals for the needed service were evaluated and met the minimum requirements.

B) If no participants in the previous CCP procurement will accept a temporary negotiated contract, the Department shall contact current CCP providers of the same or similar service in geographic areas contiguous to the emergency contracting area.

2) If the Department is unable to issue a temporary negotiated contract(s) at established fixed unit rates, the Department shall issue a temporary negotiated contract(s) at alternative unit rates.

A) The Department shall solicit sealed bids for alternative unit rates through advertisements in the Official State Newspaper, as specified in Section~~subsection~~ 240.1620(a)(1).

B) If the Department has insufficient time to solicit for alternative unit rate bids through an advertised procurement, or if the Department determines not to accept an alternative unit rate bid resulting from the formal advertised bid solicitation, verbal bids for alternative unit rates shall be solicited from current CCP providers of the same or similar service in the emergency contracting area.

i) If a current CCP provider(s) did/does not submit a verbal bid for an alternative unit rate, or if the Department determines not to accept an alternative unit rate bid, verbal bids shall subsequently be solicited from participants in the previous CCP

procurement for that area whose ~~submitted~~ proposals for the needed service(s) were evaluated and met minimum requirements.

ii) If no participants in the previous CCP procurement submit a verbal bid for alternative unit rates, or if the Department determines not to accept an alternative unit rate bid, the Department shall contact current CCP providers of the same or similar service in geographic areas contiguous to the emergency contracting area in order to solicit verbal bids for alternative unit rates.

3) Contracts issued as a result of the emergency contracting process shall be effective until the County/Sub-Area/Region is opened for a scheduled 6~~two~~ year procurement~~s~~ cycle (refer to Section 240.1610).

4) If the Department is unable to issue a temporary negotiated contract, ~~at either the established fixed unit rate or at an alternative unit rate,~~ the Department shall take action~~transfer clients to another CCP service provider~~ to ensure continuation of service to clients, if possible.

c) The Department shall procure services through the emergency contracting process under the following circumstances:~~If, after evaluation of the responses to the request for proposals (refer to Section 240.1635), the Department determines not to make an award, the Department shall secure needed services through any means of selection likely to result in a contract.~~

1) service is immediately needed to prevent interruption of services to current clients, and/or

2) service is immediately needed to protect a client's health, safety or welfare, and/or

3) service is of such a nature or the market place is such that only one provider is reasonably capable and willing to perform the requisite service(s)~~.~~, and/or

4) to establish new or additional services in an area in which the Department has determined an underserved population exists.

~~d) In the event of an emergency, the request for proposal process will not be used, and the Department shall issue a temporary negotiated contract under the following circumstances:~~

~~1) service is immediately needed to prevent interruption of services to current clients, or~~

~~2) service is immediately needed to protect a client's health, safety or welfare, or~~

~~3) service is of such a nature or the market place is such that only one vendor is reasonably capable or willing to perform.~~

~~4) In the event that the Department is unable to issue a temporary negotiated contract, the Department shall transfer clients to another CCP service to ensure continuation of service to clients.~~

~~e) Temporary negotiated contracts shall be sought by the Department if the requirements, as stated above, are met. To the extent practicable, emergency procurements shall only be made during the emergency and only continue until the next eighteen (18) month procurement cycle solicitation (see Section 240.1610).~~

(Source: Amended at 16 Ill. Reg. 14565, effective September 8, 1992)

Section 240.1610 Procurement Cycle for Provider Services

a) The Department will solicit ~~Requests for p~~Proposals ~~(RFPs)~~ for the provision of Community Care Program (CCP) services on a 6~~six~~ Fiscal Year~~four and one half (4 1/2) year~~ cycle, beginning with contracts effective July 1, 1993. ~~to ensure that at least once every four and one half (4 1/2) years a county/service area will be opened for free and open competition for contracts to provide homemaker, chore housekeeping and adult day care services.~~

1~~a~~) To ensure all contracts are procured equitably, at

least once every 6~~six~~ years each County/Sub-Area/Region within all 102 Illinois counties will be opened for free and open competition for contracts to provide CCP homemaker, chore-housekeeping and adult day care services.~~and meet all procurement requirements of the Illinois Purchasing Act (Ill. Rev. Stat. 1987, ch. 127, pars. 132.1 et seq.), 102 counties will be opened for initial statewide solicitation for homemaker, chore housekeeping and adult day care services in Fiscal Year 1990 to begin the four and one half (4 1/2) year cycle.~~

~~b) Contracts issued prior to June 30, 1993 shall terminate no later than June 30, 1997.Thereafter, the City of Chicago and Suburban Cook County will be opened for solicitation by sub areas: five (5) in Chicago and three (3) in suburban Cook County. The rotation of sub areas shall ensure that at no one future solicitation shall the entire City of Chicago or Suburban Cook County be opened (see Section 240.1625.~~

2)~~c)~~ An initial selection of at least one-third of the CCP contracts resulting from the Fiscal Year 1991 statewide solicitation shall be opened for competition by County/Sub-Area/Region, with contracts effective July 1, 1993. Thereafter, at least one-third of the CCP contracts, by County/Sub-Area/Region, shall be opened for solicitation and contract award every 2~~two~~ years.~~At least one third (1/3) of the CCP contracts, which shall be randomly chosen, shall be opened for free and open competition every eighteen (18) months following the initial statewide solicitation.~~

3~~d~~) The Department shall offer a contract~~,~~for a period of time not to exceed 6~~six~~ years.~~with options to extend said contract, for a period of time not to exceed four and one half (4 1/2) years following the initial contract execution. Thus, a contractor exhibiting good service performance might be retained, through contract extension, for a four and one half (4 1/2) year period.~~

~~e) In the event that a change in the fixed unit rate amount (refer to Sections 240.1910, 240.1930, 240.1940 and 240.1950) occurs during the four and one half (4 1/2) year cycle, the Department shall exercise its thirty (30) calendar day termination or mutual amendment rights, in order to ensure full implementation of the adjusted rate.~~

4) All areas except the City of Chicago and Suburban Cook County will be opened for solicitation by County.

A~~i~~) The City of Chicago and Suburban Cook County will be opened for solicitation by Sub-Area or Region: 5~~five~~ Sub-Areas in the City of Chicago and 3~~three~~ Regions in Cook County.

B~~ii~~) No more than 2~~two~~ Sub-Areas and 1~~one~~ Region shall be randomly selected during any ~~two year~~ solicitation~~cycle~~.

C~~iii~~) Once a County/Sub-Area/Region has been randomly selected for solicitation in a scheduled ~~two year~~ procurement~~cycle~~, that County/Sub-Area/Region cannot be randomly selected a second time during the 6~~six~~ year contract effective period, except as noted in Section~~subsection~~ 240.1605(c).

D~~iv~~) The Department reserves the right to a limited selection of additional Counties/Sub-Areas/Regions which may exceed the random selection for a scheduled 2~~two~~ year procurement cycle.

b) Contracts issued prior to June 30, 1993 shall terminate no later than June 30, 1997.

c) If there is a change in the established fixed unit rate amount (refer to Subpart S of this Part), the Department shall exercise its 30~~thirty~~ calendar day termination rights or mutual amendment rights~~,~~ in order to ensure implementation of the change~~adjusted rate~~.

(Source: Amended at 16 Ill. Reg. 14565, effective September 8, 1992)

Section 240.1620 Issuance of Provider~~Vendor Request for~~ Proposal and Guidelines

a) Department procurement actions shall be advertised in the Official State Newspaper, except as specified in the emergency contracting process (refer to Section~~subsection~~ 240.1605(b)).

1) Advertisements shall appear at least 3~~three (3)~~ times with the first and last advertisement at least 10~~ten (10)~~ calendar days apart.

2) Advertisements shall indicate, specifically or in general, the Department's needs, while inviting individuals/agencies to request the Provider Proposal and Guidelines (refer to Section 240.1625)~~may detail the Department's needs or may generally indicate needs while inviting vendors to request the Request for Proposal (RFP)~~.

b) The Department shall establish and maintain a mailing list of individuals/agencies~~applicants/vendors~~ who are interested in providing applicable services ~~to be bid~~and have demonstrated that interest, in writing, to the Department.

1) All individuals/agencies on this mailing list will be notified of the Department's advertised procurement action. The Department shall send the Provider Proposal and Guidelines to all individuals/agencies who request these documents~~RFPs shall be sent to applicants/vendors on this mailing list~~.

2) The mailing list shall be maintained by the Department until the deadline for submission of proposals for the next scheduled ~~two year~~ procurement~~cycle~~~~RFP process has been completed~~.

3) Following the deadline for submission of proposals, individuals/agencies~~RFP and subsequent award process, applicants~~ must again request, in writing, placement on the mailing list for the next advertised procurement action~~RFP~~.

c) All current contractors will be notified of the Department's intent to procure.~~The Department shall ensure that RFPs are issued to current contractors in good standing whose service areas are open for solicitation.~~

1) The Department shall send the Provider Proposal and Guidelines to all current contractors who request

these documents.

2) The Department shall ensure that the Provider Proposal and Guidelines are issued to current contractors whose service and service area are open for solicitation in the advertised procurement action.

(Source: Amended at 16 Ill. Reg. 14565, effective September 8, 1992)

Section 240.1625 Content of Provider~~Vendor Request for~~ Proposal and Guidelines

a~~1~~) The Department Guidelines for Completion of the ~~RFP~~ Provider Proposal shall contain the necessary information to enable a prospective provider to prepare a proposal, including~~include~~:

1~~A~~) a clear and accurate description of the service to be provided;

2~~B~~) the submission process;

3~~C~~) the review process;

4~~D~~) general contract and ~~bid~~competitive information;

5~~E~~) the date, time and address of any bidders' conference(s), when applicable;

6~~F~~) Department contact person;

7~~G~~) evaluation factors and the weighting of those factors.

~~a) A Request for Proposal (RFP) shall be in writing and contain the necessary information to enable a prospective vendor to prepare a proposal.~~

b~~2~~) The Provider~~Vendor~~ Proposal~~, Part B,~~ consists of the questions and required attachments~~narrative sections~~ to be completed~~addressed~~ by the applicant~~/vendor~~ and returned to the Department for consideration and scoring.

~~b) The RFP shall consist of two parts: Department Guidelines for Completion of RFP (Part A), and the Vendor Proposal (Part B).~~

c) A proposal which does not respond to all requirements in

subsection (b) above shall be deemed incomplete and shall not be considered by the Department.~~An incomplete proposal shall not be considered by the Department.~~

d) All proposals shall be considered as submitted and may not be amended or revised except as determined by the Department, in order to ensure adherence to rules and proposal commitments or upon submission by the applicant of supportive evidence of an apparent clerical mistake or informality disclosed prior to notification of award determination (refer to Section 240.1640).

1) The Director reserves the right to reject any informality in the proposal when, in the Director's opinion, the best interest of the State will be served by such action.~~No corrections shall be permitted to make unresponsive proposals responsive to the rating criteria and proposal guidelines.~~

2) No corrections by the applicant shall be permitted to make unresponsive proposals responsive to the rating criteria and proposal guidelines.

~~2~~3) Allowable administrative corrections will be made by the Department within 7~~seven (7)~~ calendar days from the date of receipt of supportive documentation (i.e., work papers).

(Source: Amended at 16 Ill. Reg. 14565, effective September 8, 1992)

Section 240.1630 Criteria for Number of ~~Chore Housekeeping and Homemaker~~ Provider~~Vendor~~ Contracts Awarded

~~a)~~ The Department will establish in advance, and publish in the Official State Newspaper, the notice of the Request for Proposal (RFP)~~, and the geographic area~~ for ~~chore housekeeping and homemaker~~ services and the County(ies)/Sub-Area(s)/Region(s) to be opened for solicitation~~to be specified in each service contract~~.

a~~1~~) In each County/Region, the Department prefers to contract with at least 2~~two~~ providers for each service.~~In single county contract service areas, the Department will contract with at least two vendors for each service if the population in the particular county age 75+, and in poverty, equals or exceeds 800 persons using the most recent U.S. Census data available.~~

1~~a~~) If the Department determines that 1~~one~~ provider is

sufficient to provide adequate service to Community Care Program clients in a County/Region, or if the caseload size is not sufficient to support 2~~two~~ providers~~vendors~~ in a County/Region, the Director may determine that it is in the best interests of the Community Care Program to contract with a single provider in a County/Region.

2~~B~~) Additional providers will be contracted with, on an as needed basis, to ensure that the best interests, as determined by the Department, of the client population are met.

b~~2~~) In each Sub-Area in the City of Chicago, the Department will contract with no more than 11~~eleven~~ Sub-Area-wide providers for a specific service in a Sub-Area.

EXCEPTION: The Department will contract with no more than 6~~six~~ Sub-Area-wide providers for a specific service in the City of Chicago's Northeast and Northwest service areas. The Department will not set any minimum or maximum number of adult day care service contracts to be awarded within any County/Sub-Area/Region, and will entertain proposals for adult day care for a portion of a specified County/Sub-Area/Region.

c~~3~~) The Department may contract with additional providers in a restricted contract area (less than the full County/Sub-Area/Region) when it is demonstrated that the special needs of a racial and/or language minority and/or other ~~special~~ population(s)~~,~~ residing within that restricted contract area~~,~~ can best be met by additional providers and/or when a provider is well-established and has a history of providing service to a restricted contract area~~, does not have ready access to Community Care Program services~~.

d) At no time can a provider serving an unrestricted contract area also serve a restricted contract area in the same County/Sub-Area/Region.

~~4) At no time can a provider serving an unrestricted contract area also serve a restricted contract area in the same County/Sub-Area/Region.~~

~~b) The Department will establish in advance and publish in the Official State Newspaper, the notice of the Request for Proposal (RFP) for adult day care service and the County(ies)/Sub-Area(s)/Region(s) to be opened for~~

~~solicitation.~~

~~c) The Department will not set any minimum or maximum number of adult day care service contracts to be awarded within any County/Sub Area/Region, and will entertain proposals for adult day care for a portion of a specified County/Sub Area/Region.~~

~~2) In multi county contract service areas, the Illinois Department on Aging will contract with at least two vendors for each service if:~~

~~A) the population age 75+, and in poverty, equals or exceeds 800 in at least one of the counties using the most recent U.S. Census data available; or~~

~~B) the population age 75+, and in poverty, equals or exceeds 1250 in the total service area using the most recent U.S. Census data available.~~

~~3) Additional vendors will be contracted with, on an as needed basis, for single and multi county contract service areas, to ensure that the best interests, as determined by the Department, of the client population are met.~~

~~4) The Department will contract with no more than eleven (11) vendors for a specific service in a contract service area with no more than eight (8) of these vendors having area wide contracts.~~

~~EXCEPTION: The Department will contract with no more than six (6) area wide vendors in the City of Chicago's Northeast and Northwest service areas.~~

~~5) The Department will allow up to three (3) local (e.g., neighborhood or special service) vendors of a restricted contract area (less than the full contract service area) for each service.~~

~~A) At the applicant's request, the Department will consider placing a cap on the local vendor contract based upon the service needs of the local contract area.~~

~~B) At no time can an area wide vendor be a local vendor in the same service area.~~

~~b) The Department will establish in advance and publish in the Official State Newspaper, the Request for Proposal (RFP) and the geographic area to be specified in each contract for adult day care service. However, the Department will not set any minimum or maximum number of adult day care service contracts to be awarded within any given area.~~

(Source: Amended at 16 Ill. Reg. 14565, effective September 8, 1992)

Section 240.1635 Evaluation of Provider~~Vendor~~ Proposals

a) When determining if an applicant shall be awarded a contract, the Department shall evaluate the Provider Proposal~~consider the evaluation of Part B (Vendor Proposal) of the Request for Proposal (RFP)~~. The ~~following~~ quality criteria and assigned points for items scored in the Provider Proposal~~Part B~~ are:

1) Community Care Program (CCP) experience~~ as evidenced by a contracted vendor~~, (0-25~~0~~ points);

2) Current c~~C~~ommunity experience and history of comparable service provision~~ in provision of service~~ in the solicited area, (0-20 points);

3) Community board or ownership participation~~Linkages in the community to be served~~, (0-10~~5~~ points);

4) Optional service components~~Community participation~~, (0-20~~5~~ points);

5) Client satisfaction/evaluation system~~Service components~~, (0-15~~0~~ points); and

~~6) Staff benefits, (0-5 points);~~

6~~7~~) Training of staff, (0-10~~5~~ points).~~;~~

~~8) Staff qualifications, (0-5 points);~~

~~9) Supervision, (0-5 points);~~

b) The Provider Proposal, containing items 1 through 6 in subsection (a) above, shall be scored by a Review Committee designated by the Director.~~An additional quality criteria shall be service history. The service history score shall be calculated prior to issuance of the (RFP) and based upon the compliance review report~~

~~completed in the previous contract period. Each contract vendor shall be notified in writing of the service history score upon issuance of the RFP. The points awarded for the service history section for all vendors/vendor applicants may range from a positive ten (+10) points, the best score assigned, to a negative forty (-40) points, the poorest score assigned.~~

~~1) The service history score is achieved as follows for currently contracted vendors applying for their present contract areas:~~

~~A) each contract file of an "On Notice" vendor shall contain a record which becomes an on notice score, as factored by Type I, II and III classifications (See Section 240.1650).~~

~~B) The service history score applies to each distinct county/service area within the original contract on notice service area, should the RFP address only a portion i.e., one county of a multicounty on notice score.~~

~~C) Contracts which have no compliance review findings, and therefore have no on notice score, shall be assigned a on notice score of zero (0).~~

~~D) Each contract "On Notice" score is ranked amongst all contract "On Notice" scores.~~

~~E) Dependent upon the percentile on which the contract on notice score rests, a service history score is assigned by the following chart:~~

On Notice Compliance Review Score	Percentile Rank (Ranked from the least score to the highest score)	Cumulative Service History Score (Ranked from best to the poorest)
10	10	10
10	20	5
15	35	0
15	50	5
10	60	10
10	70	15
10	80	20
5	85	25
5	90	30
5	95	35
5	100	40

~~2) Applicants with current Community Care Program experience but no service history score in the solicited area will be awarded a service history score of zero (0).~~

~~3) Applicants with no Community Care Program experience as of the date of submission of their RFP, and, therefore, no service history score, will be awarded the following service history scores by category:~~

~~A) No history as a CCP provider, but has provided service in service area for one or more years: 10 points;~~

~~B) New provider with no prior service provision/experience in service area (less than one year): 20 points.~~

~~c) Scoring Part B, Vendor Proposal (items 1 through 9), of the RFP shall be completed by a Review Committee designated by the Director. The Review Committee shall be Department staff and respective Area Agency on Aging (AAA) staff who have agreed to participate.~~

~~1) Scores determined by the participating AAA shall constitute 45% of the total Part B (items 1 through 9) score;~~

~~2) Scores determined by Department staff shall constitute the remaining 55% or the total Part B (items 1 through 9) score.~~

~~d) The combination of the written evaluation of Part B, Vendor Proposal, as provided by the Department staff/AAA reviewers, plus the service history score shall constitute a maximum of 100 points of the evaluation score of the proposal and, therefore, the final score.~~

~~e) Scores and score sheets shall be forwarded by the Review Committee to the Department for logging and confirmation. The Department shall do the following:~~

~~1) Part B scores of items number 1-9 shall be factored and confirmed;~~

~~2) Part B scores items number 1-9 shall be recorded;~~

~~3) The service history score shall be factored and confirmed;~~

~~4) The total score shall be recorded;~~

~~5) Recommendations shall be forwarded to the Director.~~

(Source: Amended at 16 Ill. Reg. 14565, effective September 8, 1992)

Section 240.1640 Determination and Notification of Provider~~Vendor~~ Awards

a) The Director shall represent and act for the State in all matters pertaining to the Request for Proposal (RFP) process and contracts awarded. ~~The Director reserves the right to reject any informality in the proposal when, in the Director's opinion, the best interest of the State will be served by such action.~~The Director receives all scores, recommendations and has the ultimate decision making authority for the award of contracts.

b) After the evaluation of proposals has been completed, the Department shall notify each~~all~~ applicant~~s~~, in writing, of the Department's intent to contract with the applicant or intent to reject the applicant's proposal~~applicant's success or failure to be granted a contract~~.

~~The Department shall provide all applicants with their score and a copy of their score sheet upon notice of intent to contract or notice of rejection of the proposal. The notice and score sheet shall be sent by certified mail, return receipt requested.~~

c) The Department shall also provide all applicants with a copy of their individual score sheet and a copy of the score sheet received by any successful competitor in direct competition with the applicant. If the award decision included consideration of factors in addition to or other than score, a rationale statement also will be provided to applicants (e.g., event of a tie score). The notice and score sheet(s) shall be sent by certified mail, return receipt requested.~~A successful vendor shall be held accountable for any and all statements made in the vendor's proposal until such time as a new Request for Proposal is solicited and the vendor has been awarded a new contract. A determination of the extent of a contracted vendor's compliance with that vendor's proposal shall be made by the Department through the compliance review process.~~

(Source: Amended at 16 Ill. Reg. 14565, effective September 8, 1992)

Section 240.1645 ~~Protest or~~ Objection to Procurement Action~~Vendor Request for Proposal Award Determination~~

a) Upon receipt of written notification of the Department's intent to contract or intent to reject the applicant's proposal (refer to Section 240.1640), the applicant may object to the procurement action.~~Upon completion of proposal evaluation and determination of awards, the Department shall notify each competitor of the Department's intent to award or not award a contract. Included in the notification shall be a copy of the criteria used to rate the proposal, a photocopy of their specific score sheets, and a comparative chart of the respective quality criteria scores and total score received by a successful competitor for that contract area.~~

1) An objection regarding a procurement action must be in writing and must be received at the Department's Springfield office on or before the tenth calendar day from the date of the applicant's receipt of the notice of the objectionable action. If the objection is not received before the close of business on the tenth calendar day, as specified above, the objection shall be disregarded.

2) Each objection must contain a full and concise statement of the facts and circumstances of the action which is alleged to be objectionable, legally or otherwise, and a statement of the relief sought. The objection must pertain to points awarded on the applicant's Proposal or on a competitor's Proposal or to the rationale statement (refer to Section 240.1640(c)).

~~b) The Department shall observe the Department of Central Management Services' Standard Procurement rules (44 Ill. Adm. Code 1) for objection or protest proceedings. Due consideration shall be given to each protest or objection filed accordingly.~~

~~1) Upon receipt of the written notice, the applicant may protest or object to said procurement action.~~

~~2) A protest or objection regarding a procurement action or decision must be in writing and sent by certified or registered mail, return receipt requested, to the Department's Springfield office within seven (7) calendar days from the date of the protestor's receipt of the notice of the objectionable action. If the protest is not received in the time specified above, the protest shall be disregarded and the award shall be made in the normal manner.~~

~~3) Each protest or objection must contain a full and concise statement of the facts and circumstances of the action which is alleged to be objectionable, legally or otherwise, and a statement of the relief sought.~~

A) The Department may request additional details at any time.

B) Failure to supply any information requested by the Department will be cause for dismissal of the objection~~protest~~.

b~~e~~) Upon receipt of written ~~protest or~~ objection, the Department shall immediately review the procurement action in question and shall issue a written response. The procurement action shall not be considered final until any relevant objections are resolved. ~~The decision of the Director is final. It shall be in writing and sent by certified mail, return receipt requested.~~

c~~d~~) The decision of the Director is final and shall be sent by certified mail, return receipt requested.~~If a written protest against the making of an award is received, the award shall not be considered final until the matter is resolved.~~

(Source: Amended at 16 Ill. Reg. 14565, effective September 8, 1992)

Section 240.1650 Classification of Provider Service Violations
~~Failure to Maintain Vendor Compliance to Contract~~

Failure(s) to comply with the contract/Department rules shall be identified and classified by the Department.~~The Department has identified and prioritized vendor service violations, which are failures to comply to the contract/Department rules. There are three classifications of violations: Type I, Type II, and Type III.~~

a) In determining the classification assigned to each provider service violation, the Department shall consider the following:

1) The severity of the violation.

2) The danger posed by the violation to the health, safety and welfare of the client, based upon degree of client impairment and availability of support sources.

3) The provider's efforts to correct violations.

4) The volume and scope of violation(s).

b) There are three classifications of violations: Type I, Type II, and Type III.

1~~a~~) Type I provider violations are client-centered violations which pose an imminent risk to the health, safety and welfare of the Community Care Program (CCP) client, and represent situations where failure to correct the violation could result in the client's potential hospitalization or nursing home placement. Type I violations shall receive priority attention, requiring immediate (within 24 hours) correction to remove the risk environment. Permanent correction must be achieved within 60~~sixty~~ calendar days.~~Type I violations shall include:~~

~~1) Delays/failure to initiate new service by the effective date (failure could result in hospitalization and nursing home placement). EXCEPTIONS: Capacity of an adult day care facility would be exceeded by acceptance of a new client, or service required in a client's plan of care cannot be provided by the vendor in accordance with the limitations noted on the Vendor Check List and approved by the Department.~~

~~2) Failure to follow a plan of care (failure could result in hospitalization/nursing home placement of a client).~~

~~3) Failure to accept referrals of interim services~~

~~cases.~~

~~4) Failure to initiate interim services within two (2) work days.~~

~~5) Failure to remove workers with communicable diseases which pose a threat to the client's health.~~

~~6) Failure to have at least a minimum of two (2) staff persons at the adult day care site at all times when open and failure to have a Program Nurse on staff as required.~~

~~7) Unsafe facility (adult day care) - includes failure to meet all fire regulations/codes, have unsafe exit areas.~~

~~8) Failure to meet transportation requirements (vehicle safety, driver qualifications, etc.) (adult day care).~~

~~9) Failure of required staff to meet the physical requirement as specified in Section 240.1510.~~

~~10) Food related failures (adult day care) to include:~~

~~A) improper food temperatures;~~

~~B) failure to maintain temperatures;~~

~~C) failure to have a certified food handler on staff;~~

~~D) failure to have the required menu, special diet, catering and required sign offs by a dietitian;~~

~~E) failure to provide special diets in accordance with physicians' instructions.~~

~~11) Improper handling, lock up and recording of client medications at the adult day care site and administration of medication by chore housekeepers or homemakers.~~

~~12) Room temperatures too hot or too cold (adult day care).~~

~~13) Water temperatures too hot (adult day care).~~

~~14) Failure to protect the health, safety and welfare of a client.~~

2~~b~~) Type II provider service~~includes~~ violations are client-centered violations which~~, if not corrected,~~ pose a potentially serious risk to the client. These violations are to be corrected within 60~~sixty~~~~forty five (45)~~ calendar days. ~~and include:~~

~~1) Failure to accept referrals of new cases. EXCEPTIONS: the capacity of an adult day care facility would be exceeded by acceptance of a new client, or service required in a client's plan of care cannot be provided by the vendor in accordance with the limitations noted on the Vendor Check List and approved by the Department.~~

~~2) Failure to initiate new service by the effective date (no imminent risk).~~

~~3) Failure to follow the plan of care (no imminent risk).~~

~~4) Failure to meet supervisory qualifications for chorehousekeeping or homemaker service.~~

~~5) Failure to meet supervisor to direct service worker ratio for chore housekeeping or homemaker service.~~

~~6) Failure to safeguard client information/confidentiality.~~

~~7) Failure of direct service workers to meet job qualifications and activities.~~

~~8) Unmet supervisory requirements and activities, including failure to conduct home/on site visits, failure to conduct face to face worker conferences.~~

~~9) Failure to cooperate in an investigation of a report of client neglect/abuse (verbal, physical, financial exploitation, theft, etc.).~~

~~10) No readily accessible telephone for adult day care client use within the activity area.~~

~~11) Failure to meet training requirements of chore housekeeping, homemaker and adult day care service staff.~~

~~12) Failure to respond to client requests within fifteen (15) calendar days.~~

~~13) No designated Community Care Program Director (adult day care) or designated individual who has responsibility for administration of the chore housekeeping/homemaker program.~~

~~14) Inadequate first aid supplies (adult day care).~~

~~15) Failure to meet adult daily dietary requirements for the required meal (adult day care).~~

~~16) Daily census exceeds space requirements, and facility fails to meet space and separation requirements (adult day care) as specified in Section 240.1550(d)(1) and (2).~~

~~17) Lack of handicapped accessibility: entrances/vehicles/restrooms/etc. (adult day care).~~

~~18) Failure to meet adult day care service staff to client ratio.~~

~~19) Failure of adult day care staff to meet job qualifications and activities.~~

3e) Type III provider service violations are administrative violations which~~and~~ pose a very low risk to the client. The time-frame for correction of Type III violations shall be 60~~sixty~~ calendar~~forty five (45) calendar~~ days or as established in an approved work plan.~~ Type III violations include:~~

~~1) Failure to adhere to any statements in the vendor's proposal which are not specifically referred to in subsections (a) and (b) above.~~

~~2) Inadequate maintenance of records which may include:~~

~~A) personnel records;~~

~~B) personnel policies;~~

~~C) employee files to include physical examinations;~~

~~D) training activities;~~

~~E) client records;~~

~~F) payment records.~~

~~3) Disparity between Client Agreements Plans of Care, Hours of Service Calendars, and Vendor Requests for Payment.~~

~~4) Improper methods for computing/billing clients for incurred expense for care.~~

~~5) Inappropriate units billed.~~

~~6) No written job descriptions provided to employees.~~

~~7) Personnel policies not provided to employees.~~

~~8) Failure to retain financial audit trail and client related records for a five (5) year.~~

~~9) Failure to document all interaction with clients that affects client service or eligibility.~~

~~10) Failure to meet any requirements of this Part not specifically cited above.~~

c) Provider service violations include, but are not limited to, violation of the following Community Care Program rules:

1) Adult day care standard requirements, as specified in Section 240.1550.~~ (I,II)~~

2) Adult day care and in-home provider staffing requirements, as specified in Sections 240.1530, 240.1540 and 240.1555.~~ (I,II)~~

3) Special services, as specified in Subpart J. ~~(I,II)~~

4) Provider administrative minimum standards and responsibilities, as specified in Sections 240.1510, 240.1520 and 240.2020.~~ (I,II,III)~~

5) Service components, as specified in Sections 240.210, 240.220, 240.230, 240.270 and 240.280. ~~(I,II)~~

6) Adult day care and in-home provider staff qualifications and responsibilities, as specified

in Sections 240.1535, 240.1545 and 240.1560. ~~(I,II,III)~~

7) Service provision requirements, as specified in Section 240.915. ~~(I,II)~~

(Source: Amended at 16 Ill. Reg. 14565, effective September 8, 1992)

Section 240.1655 Method of Identification of Provider Service~~Type I, II and III Vendor~~ Violations

The Department will be in receipt of reported contract, proposal and rule violations through the following methods:

a) Compliance reviews of contracted provider~~vendor~~ agencies, as specified in Section 240.1660;

b) Service complaints/violations, which are reported directly to the Department or to the Senior HelpLine of the Department, or are referred to the Senior HelpLine by the Department/Case Coordination Unit/provider/other; and/ or

c) Reports from Department staff.

~~1) Department Administrative Compliance Reviews are conducted for one third (1/3) of the Community Care Program (CCP) contracts every eighteen (18) months.~~

~~A) The above will ensure that every CCP contract will undergo an Administrative Compliance Review every fifty four (54) months or once every four and one half (4 1/2) years.~~

~~B) Violations are identified on site and classified according to Type I, II or III violations (See Section 240.1650).~~

~~2) The Department reserves the right to a limited selection of additional specific vendors for purposes of a Department Administrative Review which may thus exceed the one third (1/3) predetermined and announced reviewed entities. Review of the additional vendors will be based upon receipt of service incident report(s)/complaint(s)/violation(s) as specified in subsections (a)(3) and (a)(4) below. These additional vendors will receive written prior notification of such review.~~

~~3) Service incident reports/complaints/violations shall be made directly to the toll free "800 Unit" of the Department or shall be referred to the "800 Unit" by the Department/Case Coordination Unit/vendor.~~

~~A) Upon receipt, the reports/complaints/violations will be logged, validated and, if valid, classified by violation as appropriate (See Section 240.1650).~~

~~B) Sources of reports/complaints/violations shall be: client/authorized representative/family/aging network staff/Case Coordination Units/other vendors/the Department and others.~~

~~C) Receipt of incidents may be in writing, phone calls or other method. Resolution shall be sought immediately by the "800 Unit" with assistance, as needed, by Department staff.~~

~~4) Accumulation of valid service incidence reports, per contract, may result in a special compliance review conducted the vendor receiving a letter warning the vendor of "On Notice" action to be taken by the Department.~~

(Source: Amended at 16 Ill. Reg. 14565, effective September 8, 1992)

Section 240.1660 Compliance Reviews of Contracted Provider Agencies~~Vendor Compliance During Contract Period~~

Providers under contract to the Department must comply with Federal, State and local laws, regulations, Department rules and the contract requirements. When the provider signs the contract, this signature shall be the provider's certification that all applicable laws, rules and regulations, contract requirements and all statements included in the Provider Proposal, shall be complied with. The Department shall have the authority to conduct any or all of the following compliance review(s) of a contracted provider agency at any time during the course of the provider's contract period. Any findings and/or contract actions resulting from a compliance review may be appealed (refer to Section 240.1661).

a) Provider Compliance Review

1) The Provider Compliance Review consists of a sample of rules, of RFP requirements, and of cases which will be reviewed for compliance.

2) The Provider Compliance Review shall consist of at least one on-site visit.

~~3) If correctable non-compliance findings exist at the conclusion of the Provider Compliance Review, one or more of the contract actions specified in Section 240.1665 may result.~~

3) If correctable non-compliance findings result from the initial on-site Provider Compliance Review, the provider shall receive a written report of the findings and have a specified period of time to correct the non-compliance circumstances. The allowable time period shall be relevant to the classification of the violation and to the applicable corrective action timeframes specified in Section 240.1650.

b) Comprehensive Compliance Review

1) Upon recommendation of staff and at the direction of the Director, the Department shall conduct a Comprehensive Compliance Review which is a review of all relevant Community Care Program rules and Provider Proposal(s) to determine provider compliance.

2) The Comprehensive Compliance Review shall consist of an on-site visit.

3) If correctable non-compliance findings exist at the time~~conclusion~~ of the Comprehensive Compliance Review, one or more of the contract actions specified in Section 240.1665 may result.

4) If correctable non-compliance findings result from the Comprehensive Compliance Review, the provider shall receive a written report of the findings and have a specified period of time to correct the non-compliance circumstances. The allowable time period shall be relevant to the classification of the violation and applicable to the corrective action timeframes specified in Section 240.1650.

c) Special Review

1) At the direction of the Director, the Department shall conduct a Special Review which is a targeted review of specific rules and/or cases to determine provider compliance. Circumstances under which a Special Review shall be conducted include, but are not limited to, the following:

A) Type I provider service violation(s) have been reported (refer to Section 240.1650); and/or

B) service complaint(s)/violation(s) have been reported (refer to Section 240.165~~65~~).

2) The Special Review shall consist of an on-site visit.

3) If ~~correctable~~ non-compliance findings exist at the conclusion of the Special Review, one or more of the contract actions specified in Section 240.1665 may result.

d) Financial Compliance Review

1) The Financial Compliance Review consists of verifying documentation that supports the Provider Request for Payment forms.

2) The Financial Compliance Review may or may not consist of an on-site visit.

3) If insufficient documentation is determined through the Financial Compliance Review resulting in a finding(s), one or more of the contract actions specified in Section 240.1665 may result.

~~a) Vendors under contract to the Department must comply with Federal, State and local laws, regulations and Department rules. When the vendor signs the contract, this signature shall be the vendor's certification that all applicable laws, rules and regulations will be complied with.~~

~~b) The Department shall verify compliance by reviewing the vendor's contract file records and by monitoring compliance reports.~~

~~1) Contract files are maintained by the Department regarding quality of service provision, technical assistance and training provided, correspondence, and day to day vendor activity.~~

~~2) Compliance reports from the Department's Administrative Compliance Reviews are maintained by the Department and findings are acted upon as described in Sections 240.1650 and 240.1655.~~

~~3) The Department shall have the authority to conduct~~

~~an Administrative Compliance Review of a contracted vendor agency at any time during the course of the vendor's contract period for the purpose of protecting the health, safety and welfare of the clients.~~

(Source: Amended at 16 Ill. Reg. 14565, effective September 8, 1992)

Section 240.1661 Provider Right to Appeal

The provider has the right to appeal any finding and/or contract action (refer to Section 240.1665) resulting from a compliance review (refer to Section 240.1660).

a) Upon receipt of the Provider Compliance Review report of non-compliance findings and the written notification of contract action(s) to be taken, a provider wanting to appeal must do so in such a manner that the appeal is received at the Department's Springfield Office on or before the tenth work day from the date of the provider's receipt of the report and notification. If the appeal is not received before the close of business on the tenth work day, the appeal shall be disregarded.

b) Appeals shall be submitted in the manner and form specified by the Department and shall be addressed, delivered or mailed to:

Director
Attention: General Counsel
Illinois Department on Aging
421 East Capitol Avenue
Springfield, Illinois 62701

c~~a~~) General Counsel, with appropriate Department staff, will review the appeal and make a recommendation to the Director for final decision.

1) If the finding and/or contract action is determined by the Director to be valid, the finding/action shall be upheld/implemented.

2) If the finding and/or contract action is determined by the Director to be invalid, the appeal shall be upheld and the finding/action shall be modified or expunged, in whole or in part, with evidence placed in the provider's file.

~~b) The Director shall advise the provider, in writing, of the appeal decision and effective date of contract action, as appropriate.~~

d) The Director may determine that the circumstance(s) causing the contract action(s) warrant(s) a hearing which shall be conducted at the Illinois Department on Aging, 421 East Capitol, Springfield, Illinois.

1) The provider may bring appropriate representation and written appeal data to the hearing.

2) Appropriate Department staff will be in attendance at the hearing.

e) All hearings shall be conducted in accordance with Department hearing rules~~procedures~~ (89 Ill. Adm. Code 220.500 through 220.520).

(Source: Added at 16 Ill. Reg. 14565, effective September, 8, 1992)

~~SUBPART P: VENDOR PROCUREMENT~~

Section 240.1665 Contract Actions for Failure to Comply with Community Care Program Requirements

The Department may impose one or more of the following contract actions upon any Community Care Program (CCP) contracted provider who fails to comply with Department rules or contract requirements, including any statements made on the Provider Proposal. Contract actions include:

a) prohibition of specified staff from serving CCP clients (imposed when the Department finds that a worker, supervisor or other designated staff fail to meet program requirements as stated in Section 240.1530 through 240.1560);

b) purchase of a limited financial compliance audit (imposed when the Department finds that a provider~~vendor~~ has failed to adhere to the fiscal requirements specified in Part 240);

c) suspension of referrals for up to 90~~ninety~~ days;

d) transfer of ~~all or~~ a portion of the client~~(s)~~ served under the contract;

e) training of staff;

f) termination of provider's contract and transfer of all clients;

g) requiring a review by the provider of all files and provider certification of corrective~~on~~ action;

h) requiring the provider to contract with an outside management firm to evaluate program management and to implement ~~make~~ recommendations for improvement as provided in the evaluation and negotiated with the Department;

i) suspending all or a portion of a provider's payments for CCP services provided, until the action is corrected;

j) deducting overpayments to provider from future Provider Requests for Payment;

k) refusing to accept a proposal(s) from a provider~~prohibiting the vendor from competing~~ in one or more specified areas open for procurement; and/or

l) taking any other action which the Director determines to be appropriate to~~for~~ the non-compliance circumstances.

~~a) The Department shall impose sanctions upon any Community Care Program (CCP) contracted vendor who fails to comply with the Department rules/contract requirements (which includes the statements contained in the vendor proposal).~~

~~b) The Department shall send a written announcement accompanied by the Compliance Review Report to the vendor by certified mail, return receipt requested. The announcement shall clearly state the nature of the non-compliance findings and contract action (refer to subsection (c) below).~~

~~c) Contract action to be taken shall be the following:~~

~~1) suspension of referrals for an estimated period of time; and/or~~

~~2) transfer of client(s) or assign new worker to CCP client(s); and/or~~

~~3) a limited financial compliance audit; and/or~~

~~4) contract termination and transfer of all clients.~~

~~d) The vendor shall be advised of the vendor's right to appeal the compliance findings and contract action. The appeal must be received by the Department on or before the tenth (10th) work date from the notification control date.~~

~~e) Appeals shall be addressed, delivered or mailed to:~~

~~Director~~
~~Attention: General Counsel~~
~~Illinois Department on Aging~~
~~421 East Capitol Avenue~~
~~Springfield, Illinois 62701.~~

~~f) The General Counsel, together with appropriate staff of the Department, shall review the appeals and findings by a paper work review of the documentation submitted by the vendor. The review shall determine the validity of the appeals.~~

~~1) If the non compliance findings are determined to be invalid, the vendor's appeal shall be sustained and the findings shall be modified or expunged, in whole or in part, from the Compliance Review Report and evidence thereof placed in the vendor's file. Contract actions shall be adjusted, as appropriate.~~

~~2) Non compliance findings determined to be valid shall be upheld;~~

~~3) Results of the appeal shall be presented to the Director for action, to include contract actions as specified in subsection (c) above.~~

~~g) The Director shall advise the vendor of the appeal decision. Notification shall be sent to the vendor by certified mail, return receipt requested, and will include any revisions to the compliance findings and/or contract action.~~

(Source: Amended at 16 Ill. Reg. 14565, effective September 8, 1992)

DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

NOTICE OF ADOPTED RULES

1) The Heading of the Part: Americans With Disabilities Act Grievance Procedure

2) Code Citation: 4 Ill. Adm. Code 575

3)

Section Numbers:	Adopted Action:
575.10	New Section
575.20	New Section
575.30	New Section
575.40	New Section
575.50	New Section
575.60	New Section

4) Statutory Authority: Implementing Title II, Subtitle A of the Americans With Disabilities Act of 1990 (42 U.S.C. 12131-12134) and Section 35.107 of the Equal Employment Opportunity Commission's rules entitled "Nondiscrimination on the Basis of Disability in State and Local Government" (28 CFR 35.107) and authorized by Section 46.42 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1991, ch. 127, par. 46.42).

5) Effective Date of Rules: September 14, 1992

6) Does this rulemaking contain an automatic repeal date? No.

7) Do these rules contain incorporations by reference? Yes, under Section 6.02 (a).

8) Date Filed in Agency's Principal Office: September 10, 1992.

9) Notice of Proposal Published in Illinois Register: May 8, 1992 - 16 Ill. Reg. 7083.

10) Has JCAR issued a Statement of Objections to these rules? No.

11) Differences between proposal and final version:
The Title 4 heading has been changed from "Discrimination Procedures" to "Grievance Procedures".

All cites to the Illinois Revised Statutes have been updated from the 1989 to the 1991 edition.

Section 575.20
In the last line of the definition of "Designated Coordinator", replaced "217/785-6323" with "(217)785-1577 or (217)785-6055 (TDD)".

Section 575.40
In line 5 of subsection (a), deleted the comma following "services".

DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

NOTICE OF ADOPTED RULES

In line 6 of subsection (b), inserted a comma after "requested".

In last line of subsection (b), added the word "the" before "request".

In line 3 of subsection (b)(1)(F), deleted the comma following "service".

In the last line of subsection (b)(1)(F), replaced "their" with "the complainant's".

Placed a semicolon at the end of subsection (b)(1)(D).

In line 2 of subsection (c), added a comma after "and".

In the last line of subsection (c), replaced "of" with "after".

Section 575.50
In line 2 of subsection (a), changed "shall" to "may".

In line 3 of subsection (a), changed "5" to "10".

In line 6 of subsection (a), replaced "; if desired" with ", and if desired".

In lines 5 and 6 of subsection (b), "Equal Employment Opportunity/Affirmative Action Officer" was deleted and replaced with "Human Resources Manager".

In line 6 of subsection (d), inserted "of this Section" after "subsection (a)".

In line 2 of subsection (d), changed ", the" to "and".

In line 6 of subsection (d), inserted "of this Section" after "subsection (a)".
Section 575.60
In line 1, replaced "which include, but are not" with "that includes, but is not".

In line 4, deleted the comma after "and".

In line 5, deleted the words "or not".

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes.

13) Will these rules replace emergency rules currently in effect? No.

14) Are there any amendments pending on this Part? No.

DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

NOTICE OF ADOPTED RULES

15) Summary and Purpose of Rules: This rulemaking establishes a grievance procedure for the prompt and equitable resolution of complaints of violations of Title II, Subtitle A of the Americans With Disabilities Act of 1990 (42 U.S.C. 12131-12134) and the Equal Employment Opportunity Commission's rules entitled "Nondiscrimination on the Basis of Disability in State and Local Government Services" (28 CFR 35).

16) Information and questions regarding these adopted rules shall be directed to:

Mr. Norman Sims, Deputy Director
Department of Commerce and Community Affairs
Office of Policy Development, Planning & Research
620 East Adams Street, 3rd floor
Springfield, Illinois 62701
(217) 524-4845

The full text of the Adopted Rules begins on the next page:

DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

NOTICE OF ADOPTED RULES

TITLE 4: GRIEVANCE PROCEDURES
CHAPTER XX: DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

PART 575
AMERICANS WITH DISABILITIES ACT GRIEVANCE PROCEDURE

Section
575.10 Purpose
575.20 Definitions
575.30 Informal Resolution
575.40 Grievances
575.50 Final Review
575.60 Case-by-Case Resolution

AUTHORITY: Implementing Title II, Subtitle A of the Americans With Disabilities Act of 1990 (42 U.S.C. 12131-12134) and Section 35.107 of the Equal Employment Opportunity Commission's rules entitled "Nondiscrimination on the Basis of Disability in State and Local Government" (28 CFR 35.107) and authorized by Section 46.42 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1991, ch. 127, par. 46.42).

SOURCE: Adopted at 16 Ill. Reg. 14621, effective September 14, 1992.

Section 575.10 Purpose

Pursuant to Title II, Subtitle A of the Americans With Disabilities Act of 1990 (ADA) (42 U.S.C. 12131-12134) and Section 35.107 of the Equal Employment Opportunity Commission's rules entitled "Nondiscrimination on the Basis of Disability in State and Local Government Services" (28 CFR 35.107), this Part establishes a grievance procedure for the prompt and equitable resolution of complaints regarding discrimination on the basis of a disability against the Department of Commerce and Community Affairs (Department) and/or entities which administer programs, services or activities on behalf of the Department under a contract, a grant or any other legally binding agreement. However, Title II and this Part do not apply to private entities unless they are legally obligated to administer a program, service or activity on the Department's behalf.

Section 575.20 Definitions

"Complainant" is an individual with a disability who files a grievance form provided by the Department in accordance with this Part.

"Designated Coordinator" is the person appointed by the Department's Director to coordinate the Department's efforts in complying with and in carrying out its responsibilities under Title II, Subtitle A, of the ADA, including investigation of grievances filed by complainants. The Designated Coordinator for the Department can be contacted by mail

at 620 East Adams Street, Springfield, Illinois 62701 or by telephone at (217)785-1577 or (217)785-6055 (TDD).

"Director" is the Director of the Department of Commerce and Community Affairs.

"Disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such impairment; or being regarded as having such an impairment (42 U.S.C. 12102).

"Grievance" is any complaint under the ADA by an individual with a disability who meets the essential eligibility requirements for participation in or receipt of the benefits of a program, activity or service offered by the Department, and who believes he or she has been excluded from participation in or denied the benefits of any program, service or activity of the Department, or has been subject to discrimination by the Department, on the basis of his or her disability. Programs, services or activities of the Department include those administered by entities on behalf of the Department under a contract, a grant or any other legally binding agreement.

"Qualified Individual With a Disability" means an individual with a disability who, with or without reasonable modifications to rules, policies or practices, the removal of architectural, communication or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by the Department (42 U.S.C. 12131).

Section 575.30 Informal Resolution

The Department and/or entities which administer programs, services or activities on behalf of the Department under a contract, a grant or any other legally binding agreement shall make every effort to informally resolve complaints under the ADA before they become grievances, in accordance with 28 CFR 35.176.

Section 575.40 Grievances

a) Who May File a Grievance. A grievance may be filed by any individual who believes that he or she or a specific class of individuals has been subjected to discrimination on the basis of disability by the Department and/or an entity which administers programs, services or activities on behalf of the Department under a contract, a grant or any other legally binding agreement.

b) Filing Grievance. A grievance shall be filed with the Department not later than 180 calendar days from the date of the alleged discrimination. The complaint shall be submitted on the Department's

grievance form which can be obtained by contacting the Department's Designated Coordinator. The grievance form shall be sent by certified mail, return receipt requested within 5 working days after receipt of the request.

1) The grievance form shall include:
   A) the complainant's name, address and telephone number;
   B) the best means and time for contacting the complainant;
   C) the program, service or activity which was denied the complainant or in which alleged discrimination occurred;
   D) date of alleged discrimination;
   E) nature of alleged discrimination;
   F) dated signature of complainant, certifying that he/she is qualified or otherwise eligible to participate in the program, service or activity and that all information on the form is true to the best of the complainant's knowledge and belief.
2) If the grievance is based on the denial of a requested reasonable modification, the following information shall also be completed on the form:
   A) reasonable modification requested;
   B) date reasonable modification was requested;
   C) person to whom request was made;
   D) estimated cost of modification (if known);
   E) why the requested modification is necessary to use or participate in the program, service or activity;
   F) alternative modifications which may provide accessibility; and
   G) any other information complainant believes will aid in a fair resolution of the grievance.

c) Resolution of Conflict. The Designated Coordinator shall investigate the grievance and, based upon the information obtained during the investigation and the information submitted by the complainant on the grievance form, shall render a written decision to the complainant and the Director within 10 working days after receipt of the grievance form.

Section 575.50 Final Review

a) If the grievance is not resolved by the Designated Coordinator to the satisfaction of the complainant, the complainant may submit a written request for final review to the Director within 10 business days after receipt of the Designated Coordinator's response. The request shall include the reason for dissatisfaction with the response, and if desired, a request for an appearance before the Director, and the name of the representative who will appear on complainant's behalf.

b) Upon receipt of a request for final review, the Director shall appoint a three-member review panel comprised of a legal counsel for the Department, the Deputy Director of the bureau within the Department which administers the program, service or activity in question, and

DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

NOTICE OF ADOPTED RULES

the Department's Human Resources Manager.

c) The Director shall acknowledge in writing the receipt of a request for final review within 10 working days after receipt of the request. If an appearance has been requested, the written acknowledgement shall include a date, time and location for the appearance which shall be no later than 15 working days after the acknowledgement was postmarked.

d) The panel shall review the Designated Coordinator's written response and the complainant's reason for dissatisfaction with the response, and take any oral or written testimony that it deems necessary to resolve the matter in accordance with the ADA. If the complainant has requested an appearance in accordance with subsection (a) of this Section, the panel shall take oral or written testimony from the complainant and/or his or her representative.

e) Within 10 working days after the final review, the panel shall prepare a written recommendation to the Director. All recommendations shall include the reasons for such recommendations and shall be signed by the concurring panel members. A dissenting member of the panel shall make a recommendation to the Director in writing and state the reason for the dissent.

f) Upon receipt and review of the panel's recommendation and review of the record, the Director shall render a written decision either approving, disapproving or modifying the panel's recommendation, and state the basis for his decision, and cause a copy of the decision to be rendered on the parties. The Director's decision shall be final and shall be issued no later than 10 working days after the date of the panel's recommendation.

g) All written correspondence, documents and materials relating to the complaint shall be maintained in accordance with the State Records Act (Ill. Rev. Stat. 1991, ch. 116, par. 43.3 et seq.) or as otherwise required by law.

Section 575.60 Case-by-Case Resolution

Each grievance involves a unique set of factors that includes, but is not limited to: the specific nature of the disability; the essential eligibility requirements, the benefits to be derived, and the nature of the program, service or activity at issue; the health and safety of others; and whether an accommodation would constitute a fundamental alteration to the program, service or activity or undue hardship on the Department. Accordingly, termination of a grievance at any level, whether through the granting of relief or otherwise, shall not constitute a precedent on which any other complainants should rely.

DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

NOTICE OF ADOPTED AMENDMENTS

1) The Heading of the Part: Local Tourism and Convention Bureau Program

2) Code Citation: 14 Ill. Adm. Code 550

3)

Section Numbers:	Adopted Action:
550.20	Amendment
550.30	Amendment
550.40	Amendment
550.50	Amendment
550.60	Amendment

4) Statutory Authority: Implementing Section 46.6a of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1991, ch. 127, par. 46.6a) and authorized by Section 46.20 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1991, ch. 127, par. 46.20).

5) Effective Date of Amendments: September 14, 1992

6) Does this rulemaking contain an automatic repeal date? No.

7) Do these amendments contain incorporations by reference? No.

8) Date Filed in Agency's Principal Office: September 10, 1992.

9) Notice of Proposal Published in Illinois Register: May 8, 1992 - 16 Ill. Reg. 7090.

10) Has JCAR issued a Statement of Objections to these amendments? No.

11) Differences between proposal and final version:

Throughout the rulemaking all references to the Illinois Revised Statutes have been updated to the 1991 edition.

In the authority note, ""AN ACT in relation to State Finance"" has been replaced with "the State Finance Act".

Section 550.40
In line 1 of subsection (a)(4), inserted a comma after "e.g.".

In line 2 of subsection (a)(7), deleted the comma following "project".

In subsection (a)(7), added the following language after the first sentence: "The Department shall waive the 15 working days prior notice requirement when unforeseen opportunities for promotional projects arise which require an immediate review and response by the Department."

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NOTICE OF ADOPTED AMENDMENTS

In line 2 of subsection (a)(7)(F), underscored the "s" in costs.

A new subsection (a)(7)(H) has been added and the existing subsection (a)(7)(H) relabeled as (a)(7)(I). The language of the new subsection reads as follows: "project requests which require waivers of the 15 working days prior notice shall include documentation to substantiate that such promotional projects require immediate review/approval by the Department to ensure the opportunities are not lost;".

The following language has been added to the end of subsection (a)(9): "Projects granted waivers of the 15 working days prior notice shall not be counted under this subsection."

In line 1 of subsection (a)(10), replaced "Within 30 days of" with "Within 30 days after".

In line 1 of subsection (a)(12)(B), replaced "executive director's" with "Executive Director's".

In line 2 of subsection (a)(13), replaced "its" with "their".

In line 3 of subsection (b)(1)(B), replaced "state" with "State".

In line 5 of subsection (b)(1)(D), placed a comma after "e.g.".

Deleted the underscoring under the label for subsection (b)(1)(E).

A new subsection (b)(1)(K) has been added and the subsections which follow relabeled accordingly. The text of the new subsection reads: "Projects distributed locally, if the bureau can demonstrate the project's ability to increase overnight stays in the service area;".

In line 2 of subsection (d), inserted "of this Section" after "subsection (a)".

Section 550.50
In line 5 of subsection (d), underscored the word "promotional".

In line 4 of subsection (f), inserted "below" after "(2)".

In line 5 of subsection (f)(1) and line 2 of subsection (f)(3), changed "15th" to "15".

In line 3 of subsection (f)(3), replaced "state" with "State".

In line 2 of subsection (k), deleted the comma following "vendor(s)" and changed "30th" to "30".

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NOTICE OF ADOPTED AMENDMENTS

In line 5 of subsection (k), changed "15th" to "15".

In line 7 of subsection (k), inserted "of this Section" after "subsection (i)" and "subsection (l)".

In the last line of subsection (k), changed "31st" to "31".

In line 9 of subsection (l), replaced "within twelve months of" with "within twelve months after".

In line 3 of subsection (o), deleted the comma following "Department".

In line 10 of subsection (o), inserted a comma after "i.e.".

In line 1 of subsection (r)(2), replaced "state" with "State".

Section 550.60
In line 6 of subsection (c)(2)(B)(ii), inserted a comma after "e.g.".

In line 3 of subsection (c)(3)(A), inserted "of this Section" after "subsections (c)(1) and (2)".

In line 1 of subsection (c)(3)(C), replaced "of receipt" with "after receipt".

In line 14 of subsection (c)(3)(C)(ii), inserted "of this Section" after "subsection (c)(3)(B)".

In the next to last line of subsection (d)(2)(C), replaced "within 15 days of" with "within 15 days after".

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes.

13) Will these amendments replace an emergency amendment currently in effect? No.

14) Are there any amendments pending on this Part? No.

15) Summary and Purpose of Amendments: This rulemaking serves to revise rules for the "Local Tourism and Convention Bureau Program" (14 Ill. Adm. Code 550) for the upcoming fiscal year. Amendments update definitions, procedures for allocating funds to grantees, program requirements, administrative requirements, and application procedures.

16) Information and questions regarding these adopted amendments shall be directed to:

DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

NOTICE OF ADOPTED AMENDMENTS

Mr. Norman Sims, Deputy Director
Department of Commerce and Community Affairs
Office of Policy Development, Planning & Research
620 East Adams Street, 3rd floor
Springfield, Illinois 62701
(217) 524-4845

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

NOTICE OF ADOPTED AMENDMENT(S)

TITLE 14: COMMERCE
SUBTITLE C: ECONOMIC DEVELOPMENT
CHAPTER I: DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

PART 550
LOCAL TOURISM AND CONVENTION BUREAU PROGRAM

Section
550.10 Purpose
550.20 Definitions
550.30 ~~Formula for~~ Allocation of Appropriations to Grantees
550.35 Eligible Applicants
550.40 Program Requirements
550.50 Administrative Requirements
550.60 Application Process

AUTHORITY: Implementing Section 46.6a of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1991, ch. 127, par. 46.6a) and Section 8.25 of the State Finance Act (Ill. Rev. Stat. 1991, ch. 127, par. 144.25) and authorized by Section 46.20 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1991, ch. 127, par. 46.20).

SOURCE: Adopted at 9 Ill. Reg. 4775, effective April 4, 1985; amended at 12 Ill. Reg. 2226, effective January 19, 1988; amended at 14 Ill. Reg. 5091, effective March 20, 1990; emergency amendment at 14 Ill. Reg. 5565, effective March 28, 1990, for a maximum of 150 days; emergency expired August 25, 1990; amended at 14 Ill. Reg. 18746, effective November 9, 1990; amended at 15 Ill. Reg. 1798, effective January 29, 1991; emergency amendment at 15 Ill. Reg. 10498, effective June 26, 1991, for a maximum of 150 days; emergency expired November 23, 1991; amended at 16 Ill. Reg. 3464, effective February 20, 1992; amended at 16 Ill. Reg. 14628, effective September 14, 1992.

Section 550.20 Definitions

"Act" - Act means Section 11 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. ~~1989~~ 1991, ch. 127, par. 46.6a) which establishes a grant program herein referred to as the Local Tourism and Convention Bureau Program.

"Applicant" - Applicant means a certified local tourism and convention bureau.

"Application" - Application means the written request by certified local tourism and convention bureaus for funds authorized by the Act.

"Bureau" - Bureau means local tourism and convention bureau.

"Certified Bureau" - Certified bureau means that local bureau which has been designated by the Department as a grantee entitled to receive

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NOTICE OF ADOPTED AMENDMENT(S)

funds under the Act in accordance with Section 550.60.

"Contractual Cooperative Promotional Project Agreement" - A contract to provide funds from a local entity to a bureau to cover a portion of the costs for a cooperative promotional project. Such funds ~~must~~ shall be deposited in the bureau's local account and expended solely on the promotional project. Funds shall not be refunded to a local entity unless the bureau is unable to comply with the contractual agreement.

"Department" - Department means the Department of Commerce and Community Affairs.

"Department Logo" - Form of recognition as stipulated and supplied by the Department to identify promotional project/product as being produced in whole or in part through grant funds from the Department.

"Director" - Director means the Director of the Department of Commerce and Community Affairs.

"Fiscal Year" - Fiscal Year means July 1 through June 30, the fiscal year of the State of Illinois.

"Grant Document" - Grant document means a written and signed contractural document between a local tourism and convention bureau and the Department of Commerce and Community Affairs which includes a description of the activities to be performed, budget, and all terms and conditions of the contract.

"Grantee" - Grantee means a local tourism and convention bureau receiving Local Tourism and Convention Program funds from the Department.

"In-Kind Contributions" - Donated services, donated space, donated equipment, services of volunteers, services in lieu of cash or any non-monetary item.

"Local Tourism and Convention Bureau (LTCB)" - Local tourism and convention bureau means a not-for-profit organization or public agency which represents and serves one or more municipalities or counties, and whose activities are consistent with the purpose of the Act. The LTCB shall promote tourism and increase hotel-motel revenues and employ a full-time paid professional executive director/chief executive officer that devotes at least 35 hours per week to the development and growth of tourism within the Bureau's region. The LTCB shall be located within any one of the municipalities or counties served.

"Match" - Match means bureaus' local funds that do not include in-kind contributions (see Section 550.50(d)).

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"Municipality" - Municipality means a city, village or incorporated town.

"Pass-Through Funds" - Money received by a bureau from a local entity for the sole purpose of paying expenses incurred by that entity and for which there is no financial contribution provided by the bureau to improve the entity's project.

"Population Served" - Population served means the population of the units of local government which the local tourism and convention bureau serves according to the latest certified census figures.

"Program" - Program means the Local Tourism and Convention Bureau Program.

"Project" - Project means administrative and promotional activities which are ~~described by the applicant in the application and are~~ approved and funded by the Department.

"Promotional ~~Activities~~ Projects" - Promotional ~~activities~~ projects ~~means~~ mean activities which are designed to encourage overnight visits or visitors to and through Illinois or attendance at local events in accordance with Section 550.40.

"Travel/Trade Show" - An exhibit/market place of travel related products and/or services.

"Unit of Local Government" - Unit of Local Government means county(ies), municipality(ies), and townships(s) having authority to enact laws and ordinances, administer laws and ordinances, raise taxes or expend funds.

(Source: Amended at 16 Ill. Reg. 14628, effective September 14, 1992)

Section 550.30 ~~Formula for~~ Allocation of Appropriations to Grantees

In accordance with the Act, annual appropriations made by the General Assembly to the Department for the purpose of this program are allocated as follows:

a) 1/3 of such monies shall be used for grants to local convention and tourism bureaus located within the corporate boundaries of cities with a population greater than 500,000; and

b) 2/3 of the annual appropriation shall be used for grants to bureaus located in the remainder of the State. Those funds will be distributed based on ~~the following formula: Bureau's Share = Total Dollars To Be Dispersed x 1/4 (Bureau's Population/Total Population of All Bureaus + Bureau's Eating and Drinking Place Sales Tax/Total Eating and Drinking Place Sales Tax + Bureau's Number of Hotel Motel Rooms/Total Hotel Motel Rooms of All Bureaus + Bureau's State~~

~~Hotel/Motel--Tax/Total--State--Hotel/Motel--Tax--of--All--Bureaus);~~ a formula containing the following weighted factors: 5% population of the bureau service area; 30% food/beverage tax collected in the bureau service area; and 65% State's hotel/motel tax collected in the bureau service area.

(Source: Amended at 16 Ill. Reg. 14628, effective September 14, 1992)

Section 550.40 Program Requirements

a) ~~Prior~~ Project Approval Criteria

~~1) Project--costs--shall--be--deducted--from--future--grant--payments--when bureaus--fail--to--submit--project--review--requests--for--prior--approval three--times--during--the--program--year.~~

12) All projects/expenditures utilizing LTCB grant funds ~~must~~ shall be submitted to the ~~LTCB grant manager~~ Department for review and approval prior to project initiation. ~~Bureaus--must--allow--a minimum--of--30--days--prior--to--initiation--of--a--project,--for--review and--notification.--The--project--review--request--must--include--the following--information:~~

2) When the total cost for printed projects, purchase of premium items, or other projects deemed appropriate by the Department exceeds $2500, a minimum of two bids using identical specifications shall accompany the project request.

3) All projects funded through the grant program shall incorporate the current Department logo, as approved by the Department, which identifies the project as being developed in cooperation with the DCCA/Bureau of Tourism. A bureau which fails to include the Department identification shall reimburse the Department for State funds received in support of the project.

4) The date and quantity printed (e.g., 7/91-50/m) shall appear on brochures.

5) The bureau shall bear sole responsibility for accuracy of information contained within material produced with grant funds.

6) All printed projects that are funded through LTCB grant funds shall be available on a gratis basis - free of charge - to the public.

7) Bureaus shall allow a minimum of 15 working days prior to initiation of a project for review and notification. The Department shall waive the 15 working days prior notice requirement when unforeseen opportunities for promotional projects arise which require an immediate review and response by the Department. The project review request shall include the following information:

A) grant number;

~~B) date--submitted;~~

~~C) fiscal--year;~~

B) project number;

C~~D~~) bureau name;

D~~E~~) project title~~/description--(e.g.,--number--to--be--printed, location---of---ad---placements,---dates--and--locations--of conferences/events);~~

E) description;

~~F) amount--of--state--funds--and--local--funds--which--comprise estimated-project-cost;~~

F~~G~~) vendor name(s), description of services to be provided by vendor(s), and itemized costs;

G) estimated project cost, amount of LTCB funds, amount of local funds, total estimated project cost;

~~H) anticipated-initiation-and-completion-dates;~~

H) project requests which require waivers of the 15 working days prior notice shall include documentation to substantiate that such promotional projects require immediate review/approval by the Department to ensure the opportunities are not lost;

I) check-off list for the following:

i~~t~~) evidence of bid solicitation ~~(where-applicable)~~ when the total cost for printed projects, purchase of premium items, or other projects deemed appropriate by the Department exceeds $2500;

ii~~d~~) mock-ups or samples of ~~project~~ projects;

iii) Department logo;

iv~~K~~) whether project ~~was~~ is outlined in ~~initial-marketing plan~~ LTCB "Line Item Budget";

v) review, approval, and sign-off.

~~b) whether-project-duplicates-an-existing-project--in--bureau's service-area;~~

~~M) targeted-audience-for-project;~~

~~N) radius-of-targeted-audience-for-project;~~

~~O) method-of-distributing-project;-and~~

~~P) signature,-title,-and-date.~~

8~~3~~) If the project review request form is complete and is accompanied by the required supporting documentation, including current Department logo, and ~~if--the--project~~ is determined to be an eligible project ~~promotional-activity-and--includes--the--current Department--logo~~, the project will be approved, subject to fund availability.

9) Project costs shall be deducted from future grant payments when bureaus fail three times to submit project review requests for prior approval during the program year. Projects granted waivers of the 15 working days prior notice shall not be counted under this subsection.

10) Within 30 days after completion of a project, 10% of the brochures printed shall be sent to the Bureau of Tourism warehouse located in Springfield. The Department reserves the right to request 10% of all other items produced with grant funds.

11) Project activities funded under this Part shall not duplicate any activity funded by the Tourism Matching Grant Program (14 Ill. Adm. Code 510, Subpart A).

12) Salaries and related payroll expenses for the program year shall not exceed half of the total grant funds.

A) 100% sales/promotion staff persons salary may be applied toward half of the total grant.

B) 50% Executive Director's salary may be applied toward half of the total grant.

13) Bureaus are prohibited from hiring any immediate family member of their current staff utilizing funds under this Part. Immediate family members shall include a spouse, mother, father, daughter, and son.

b) Promotional ~~Activities:~~ Projects

1) Examples of eligible promotional ~~activities~~ projects include, but are not limited to:

A) Brochures~~/posters~~;

B) Travel/trade show booth space rental, purchase of booth, registration fees, and/or travel expenses (transportation, lodging, per diem at State rate) for a maximum of 2 staff~~) to--attend-travel/trade-show~~. Justification shall accompany requests for additional people to attend;

C) Sponsorship of ~~travel-writers-and~~ familiarization tours;

D) Placement and production costs of ~~Advertising---through~~ newspaper, magazine, radio, or television advertising to promote travel. Advertising shall be placed outside a 65-mile radius of the attraction, event or area being promoted unless a major market (e.g., Chicago, St. Louis) falls within the 65-mile radius;

E) Membership dues for travel ~~tourism~~ related associations or organizations;

~~F) Registration-fees-for-tourism-related-conferences/seminars;~~

~~F~~G) Billboards;

~~G~~H) Premiums~~/Bumper--stickers,--placements,--or--any---type---of~~ specialty items for promotional purposes with Department recognition (see subsection ~~(c)~~(a)(3));

~~H~~I) Production of videos for use in familiarization or travel/trade industry; ~~and~~

I) Salaries (see subsection (a)(12));

J) Posters and flyers distributed outside of service area;

~~d) Sales/promotional--staff--person---not--to-be-over-1/2-grant funds.~~

K) Projects distributed locally, if the bureau can demonstrate the project's ability to increase overnight stays in the service area;

L) Marketing research studies in relation to advertising;

M) "800" telephone lines for information.

2) Examples of projects ineligible for grant promotional funding include, but are not limited to:

A) Any type of ~~photocopied~~ xeroxed materials;

~~B) Projects-containing-paid-advertising;~~

~~B~~C) Any administrative expenses (~~stationery,-envelopes,~~ postage, insurance, audits, accounting services, phone, rent, supplies, ~~personnel~~ or equipment);

~~C~~D) Purchase of any alcoholic beverage;

~~D~~E) Feasibility studies~~.~~;

E) Salaries of administrative or support staff.

c) Administrative Activities

1) Examples of activities eligible for grant administrative funding including, but are not limited to:

A) Any administrative expenses (postage, insurance, audits, accounting services, phone, rent, supplies, or equipment);

B) Salaries of administrative or support staff.

2) Examples of activities ineligible for grant administrative funding include, but are not limited to:

A) Lease/purchase agreements for any items;

B) Purchase of equipment;

C) Purchase of any alcoholic beverage;

D) Feasibility studies;

E) Penalties, fines, late payment fees or interest charges.

~~c) Department--Recognition:----All--projects--funded--through--the--grant program--must-incorporate-the-current-Department-logo-which-identifies the-project-as-being-developed-in-cooperation-with-the-DCCA/Bureau--of Tourism.-A-bureau-which-fails-to-include-the-Department-identification (in--its--entirety)--must--reimburse--the--Department--for-State-funds received-in-support-of-the-project.~~

~~d~~3) All project activities ~~promotional--activities~~ shall be subject to prior approval as stated under subsection (a) of this Section.

~~d) Within-60-days-of-completion-of-a-project,-proof-of-performance-(i.e., copies--of--vendor--invoices;--tear--sheets;-and-cancelled-checks-both front-and-back)-must-be--submitted--to--the--Department's--DTCB--grant manager--along--with--10%--of-all-printed-material-produced-with-grant funds.~~

(Source: Amended at 16 Ill. Reg. 14628, effective September 14, 1992)

Section 550.50 Administrative Requirements

a) Grant Limitation: No bureau shall receive a grant for funds allocated in accordance with Section 550.30(b) in excess of $425,000 ~~$350,000~~ per fiscal year. A bureau may contact the Department for information regarding the amount of funds it is eligible to receive in accordance with Section 550.30.

b) Administrative Costs: Administrative costs shall be limited to not more than 10% of the grant funds (see Section 550.40 (c)). ~~Administrative-costs-shall-include--general--overhead--costs--such--as office--space,-utilities,-office-supplies,-equipment-lease/rental,-and~~

~~salaries of administrative or support staff.~~

c) Promotional Costs: Promotional costs shall be limited to not less than 90% of the grant funds (see Section 550.40(b)).

d) Matching Funds: Each bureau shall provide a dollar-for-dollar match for funds received under this program. Match expenditures shall equal or exceed grant funds expended. Bureaus must receive prior Department approval (See Section 550.40(a)) on contractual cooperative promotional project agreements used to satisfy match requirements. In-kind contributions ~~will~~ shall not be used to satisfy match requirements.

1) Local match shall:

A) be under the control of the bureau,

B) be identified in the bureau's grant application for the applicable fiscal year,

C) be expended during the applicable grant award period,

D) be supported by records of deposit and documentation of expenditures,

E) be expended by the bureau from funds in bureau accounts solely for the administration of the bureau and tourism promotion of their service area as a destination for overnight visitors, and

F) not be refunded to any local source of match and still qualify as match.

2) Sources of Eligible Match: The following monies, when received through a bureau's budget, may be used as match for state grant funds:

A) Local hotel/motel taxes,

B) membership dues,

C) interest on local monies, and

D) cash contributions.

3) Ineligible Match:

A) In-Kind contributions such as donated services, donated space, donated equipment, services of volunteers, services in lieu of cash, or any non-monetary item;

B) State or federal funds;

C) Monies used as match for other state or federal grants;

D) Penalties, fines, ~~service charges,~~ late payment fees, or interest charges~~.~~; and

E) Pass-through accounts.

e) Method of Compensation: Payments pursuant to a grant shall be subject to the availability of funds appropriated by the General Assembly.

1) The bureau shall receive grant funds, as stipulated in the grant document, upon approval of its application by the Department and signature of the grant document by the Executive Director of the bureau and by the Department.

2) Prior to funds being awarded, a bureau shall employ a ~~A~~ full-time paid, professional Executive Director, devoting at least 35 hours per week to the development and growth of tourism within a bureau's region ~~must be in place prior to funds being awarded.~~

~~3) All grant funds shall be obligated, (with respective vendor), prior to June 30 of the current fiscal year. An overpayment of grant funds (unobligated funds) shall be refunded to the Department, by August 15. In addition, the bureau shall repay the Department for any funds that are determined by the Department through monitoring (subsection (i) below) and audit (subsection (k) below) to have been spent in violation of the grant document.~~

~~4) All obligations shall be expended prior to September 30.~~

f) Reporting Requirements: The penalty for failure to comply with the timely submission of financial, and programmatic~~, and personnel activity~~ reports (described in subsections (f)(1) ~~through~~ and (2~~3~~) below) shall be the withholding of subsequent monthly grant checks until all required reports are filed. The Department reserves the right to request additional information to clarify or document information on financial, programmatic, or personnel activities outlined in the reports.

1) Financial Reporting - Quarterly financial status reports shall be due no later than the 30th day of October, January, April and July beginning with the quarter following the effective date of the project and a lapse report shall be due September 15. The quarterly and lapse financial reports shall specify the grant number, grantee name, grant period, report period, ~~report preparer, contact person's name and phone number, date, and signature of bureau director~~ bureau director's name/signature, and date. Additionally, the quarterly and lapse financial reports shall contain the following information which must be broken down between programmatic costs (to be at least 90% of grant total), administrative costs (not to exceed 10% of grant total), and match costs:

A) Expenditure line-item breakout for State promotional costs indicating applicable report period which includes check number(s), project number(s), payee(s), description of purchase(s)/service(s), amount of each check, and total promotional grant cost(s) expended for the report period.

B) Expenditure line-item breakout for State administrative costs indicating applicable report period which includes check number(s), project number(s), payee(s), description of purchase(s)/service(s), amount of each check, and total administrative grant costs expended for the report period.

C) Expenditure line-item breakout for local costs indicating applicable report period which includes check number(s), payee(s), description(s) of purchase(s)/service(s), amount of check(s), and total local cost(s) expended.

D) Expenditure Summary which includes vendor name(s), description(s) of services, estimated cost(s), actual cost(s), cancelled check number(s), and total(s) for all actual cost(s) and estimated cost(s) listed.

E) Reimbursement Summary indicating report period which

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includes check number(s), project number(s), check amount(s), reimbursement amount(s), cumulative balance, as well as totals for all figures.

F) Personnel activity information for personnel paid with LTCB grant funds which shall include: bureau name; grant number; employee name, payroll title, and signature; time period covered; supervisor's signature as approval; employee hourly rate; actual hours or percent of time spent on each activity; and total hours or percent of time paid from LTCB grant funds.

~~A) Approved budget amount;~~

~~B) Grant funds received during the report period;~~

~~C) Expenditures for the report period (both state and match); and~~

~~D) Cumulative expenditures (total of grant expenditures from previous reports, plus expenditures for current grant period).~~

2) Performance Measurements Summaries shall be submitted with quarterly reports and shall contain the following information:

A) Conventions- total number of delegates and number of room nights;

B) Motorcoach- total number of room nights, total number of overnight tours, and total number of day tours;

C) Trade shows- total number of room nights, total number of attendees;

D) Special events- total number of room nights, total number of attendees;

E) Visitors information- total number of requests for visitors information.

~~3~~2) Programmatic Reporting - Final ~~Quarterly~~ programmatic ~~Programmatic~~ reports shall be due September 15 ~~according to the same schedule specified in subsection (f)(1)~~ for both ~~state~~ State and match funds. ~~Final programmatic reports shall be due in the Department no later than September 30th. Quarterly and final reports use the same form.~~ Bureau name, grant period, name/title/signature of bureau staff person submitting report, grant number, and date submitted ~~and indicator for quarterly/final report period~~ shall be specified. ~~Additionally, forms require program activities~~ Activity funded through the local match budget (dollar for dollar match only) does not have to be broken out by project type. The report for local match activity shall provide the grant award amount, project(s) description(s), costs per project, total costs, and results of the project(s). Activity for LTCB-funded projects shall be ~~reported~~ broken down by project type as follows:

A) Convention Marketing and Promotion

i) Project description(s),

ii) Costs per project,

iii) Results.

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B) Trade/Travel Shows Marketing and Promotion

i) Project description(s),

ii) Costs per project,

iii) Results.

C) Motorcoach Marketing and Promotion

i) Project description(s),

ii) Costs per project,

iii) Results.

D) Sales/Marketing Personnel

i) Project description(s),

ii) Costs per project,

iii) Results.

E) Festivals/Special Events Marketing and Promotions

i) Project description(s),

ii) Costs per project,

iii) Results.

F) Miscellaneous Projects

i) Project description(s),

ii) Costs per project,

iii) Results.

~~A) Printed (e.g., brochures, posters) including:~~

~~i) project name;~~

~~ii) brief description of the project;~~

~~iii) number of printed items;~~

~~iv) cost of production/printing;~~

~~v) distribution network; and~~

~~vi) project results (documented/anticipated).~~

~~B) Printed Media Advertising including:~~

~~i) name (e.g., newspaper/magazine);~~

~~ii) brief description of ad subject;~~

~~iii) number of times run;~~

~~iv) cost of production/placement;~~

~~v) distribution network (circulation); and~~

~~vi) project results (documented/anticipated).~~

~~C) Electronic Media Advertising including:~~

~~i) name (e.g., call letters)/location;~~

~~ii) brief description of project;~~

~~iii) number of times aired;~~

~~iv) cost of production/placement;~~

~~v) distribution network; and~~

~~vi) project results (documented/anticipated).~~

~~D) Travel/Trade Shows or Conventions/Seminars including:~~

~~i) show or convention/seminar name;~~

~~ii) brief description of show or convention/seminar;~~

~~iii) number of persons attending (bureau personnel);~~

~~iv) expenses (including registration and travel); and~~

~~v) project results (documented/anticipated).~~

~~E) Memberships including:~~

~~i) organization name;~~

~~ii) brief description of organization;~~
~~iii) name of designated member(s);~~
~~iv) membership dues; and~~
~~v) benefits derived (documented/anticipated).~~

~~F) Sales/Marketing Personnel including:~~
~~i) name;~~
~~ii) title;~~
~~iii) number of contacts made;~~
~~iv) means by which contacts were made (e.g., telephone, personal, direct mail); and~~
~~v) results (documented/anticipated).~~

~~G) Miscellaneous Projects (e.g., billboards, speciality items, familiarization tours) including:~~
~~i) project name;~~
~~ii) brief description of project;~~
~~iii) number of items produced/people attending;~~
~~iv) itemized cost of project;~~
~~v) distribution network; and~~
~~vi) results (documented/anticipated).~~

~~H) Additional Optional Comments: inclusion of additional narrative which the bureau feels may be beneficial to the program.~~

~~3) Personnel Activity Reporting Personnel reports must be completed for each pay period and submitted, on the provided form, according to the schedule specified in subsection(f)(i). Only personnel paid with LTCB grant funds shall be included on this form. The quarterly personnel activity reports must include the following information:~~
~~A) Bureau name;~~
~~B) Employee name, social security number, and signature;~~
~~C) Time Period covered;~~
~~D) Supervisor's signature as approval;~~
~~E) Employee hourly rate;~~
~~F) Actual hours or percent of time spent on each activity;~~
~~G) Optional comments; and~~
~~H) Total hours or percent of time paid from LTCB grant funds.~~

g) Financial Management Standards: A bureau's financial management systems shall be structured under the Accounting Standards of the Financial Accounting Standards Board of the American Institute of Certified Public Accountants (AICPA) (1211 Avenue of the Americas, New York, N.Y. 10036-8775) September 19, 1987 with no later amendments or editions. The bureau shall be accountable for all funds received under this program. The bureau shall maintain effective control and accountability over all funds, equipment, property, and other assets under the grant as required by the Department. The bureau shall keep records which detail the expenditures of grant and match funds and accurately document such expenditures.

h) Travel Expenses: Costs in accordance with the latest State of Illinois Department of Central Management Services Travel Regulations

(80 Ill. Adm. Code 2800) shall be allowable for expenses of transportation, lodging, per diem, and related items incurred by employees who are in travel status for official business outside the bureau's service area. The bureau shall retain receipts as source documentation for travel expenses of its employees. The bureau shall also submit to the Department a completed report for travel expenses with the quarterly reports.

i) Monitoring: The Department shall on-site monitor each bureau funded under this program periodically by visits throughout the period covered under the grant agreement. The Department will notify the bureau in writing or by telephone at least two working days in advance of monitoring visits. The bureau's marketing plan shall be evaluated for compliance with terms and conditions of the grant document. The Department reserves the right to request additional information prior to or during monitoring visits.

j) Interest on Grant Funds: All interest earned on LTCB grant funds held by the bureau under the grant shall be returned to the Department at the end of the grant period.

k) Obligation of Grant Funds: All grant funds shall be obligated with respective vendor(s) prior to June 30 of the current fiscal year. Any overpayment of grant funds not obligated (unobligated funds) shall be refunded to the Department by August 15. In addition, the bureau shall repay the Department for any funds that are determined by the Department through monitoring (subsection (i) of this Section) and audit (subsection (l) of this Section) to have been spent in violation of the grant document. All obligations shall be expended prior to August 31.

~~l~~k) Audits: The bureau shall conduct an audit of all grant and match program records which reflect the actual activities conducted and the actual costs and expenses incurred by the bureau using an independent certified public accountant, licensed by authority of the State of Illinois. The audit shall be conducted in accordance with generally accepted auditing standards adopted by the Codification of Statements on Auditing Standards (January 1983) of the AICPA and ~~must~~ shall be submitted to the Department within twelve months ~~of~~ after the end of the grantee's fiscal year. Any bureau determined to have misused program funds by ~~(i.e., fraud and abuse, noncompliance with this Part, noncompliance with terms and conditions of grant document)~~ as a result of an audit shall be ineligible to apply for and receive funds under this program for a period not to exceed two years. The Department shall reserve the right to perform special audits of these funds during normal working hours.

~~m)~~ Nondiscrimination: ~~The bureau~~ Bureaus shall refrain from unlawful discrimination in employment and undertake affirmative action to assure equality of employment opportunity and eliminate the effects of past discrimination in accordance with the Illinois Human Rights Act (Ill. Rev. Stat. ~~1989~~ 1991, ch. 68, pars. 1-101 et seq.); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); the Age Discrimination Act of 1975 (42 U.S.C. 6106-6107); and Title VI of the

Civil Rights Act of 1964 (24 CFR 1).

nm) Complaint Process: In the case of a grantee complaint, the Department shall follow the procedures outlined in 47 Ill. Adm. Code 10 (Review and Appeal Procedures).

n) ~~Nonduplication:--Project--activities--funded--under-this-program-shall not-duplicate-activity-funded-by-the-Tourism--matching--grant--program (14-Ill.-Adm.-Code-510).~~

o) Bids Solicitation: When the total cost for printed projects, purchase of premium items, or other projects deemed appropriate by the Department exceeds $2500, a minimum of two bids using identical specifications shall accompany the project request. ~~Bureaus--shall attempt---to---obtain--the--lowest--bid--in--implementation--of--their promotional-activities.--All-purchases,-printing-and-other-services-in excess-of-$2,500.00,-acquired-with-bYCB-grant-funds,-shall-be-based-on the-lowest--of--two--or--more--bids--obtained--through--open--bidding.~~ Evidence of compliance with this subsection (i.e., copies of at least two bid proposals) shall be submitted with project approval request. For any purchasing and/or printing costs where the lowest bid is not accepted, documentation (e.g., project specifications and quality requirements) shall be submitted with project approval request.

p) Bid Rigging/Rotating: ~~The Bureau~~ Bureaus shall certify that ~~it has~~ they have not been barred from bidding on or receiving State contracts as a result of illegal bid rigging or bid rotating as defined in Sections 33E-3 and 33E-4 of the Criminal Code of 1961 (Ill. Rev. Stat. ~~1989~~ 1991, ch. 38, pars. 33E-3 and 33E-4).

q) Separate Account: A separate interest bearing bank account shall be established for the purpose of this program. Two authorizing signatures shall be required for the account. Only grant funds received under this program shall be deposited in this account unless local funds are deposited in the account to maintain a minimum balance to avoid finance charges.

r) Suspension and Termination:

1) If a bureau has failed to comply with the terms and conditions of the grant document, the Department shall suspend the grant and withhold further payments until the grant is terminated, or the bureau has achieved compliance. The Department will determine that a bureau has failed to comply with the terms and conditions of a grant when:

A) The bureau has been notified in writing of the existence of circumstances which the Department considers to be inconsistent with the terms and conditions of the grant (e.g., consistent failure to submit required reports or evidence of fraud and abuse); and

B) The bureau fails to develop, submit, and implement a corrective action plan within 45 days of the Department's notice.

2) A grant shall be terminated in the absence of full ~~state~~ State funding; if the Department determines that the bureau has failed to comply with the terms and conditions of the grant in whole or in part; or if the Department and the bureau agree to terminate the grant.

s) ~~Hiring-of-Staff:--Up-to-1/2-of-the-grant--funds--received--under--this program--may--be--used--for-the-hiring-of-staff-to-conduct-promotional activities.--The-bureau-is-prohibited-from-hiring-any-immediate-family member-of-its--current--staff--utilizing--funds--under--this--program. Immediate--family--members--shall--include--a--spouse,-mother,-father, daughter,-and-son.~~

st) Reallocation of Funds: The grantee shall be required to identify that amount of its grant funds which will not be fully obligated by the end of the fiscal year, on or before May 1 of the current fiscal year. The grant document shall be decreased by the specified amount and such funds shall be reallocated by the Department to grantees who apply for (see application procedures specified in Section 550.60(d)) and can utilize available funds by the end of the fiscal year for new promotional projects.

tu) Bribery: The bureau's executive director/chief executive officer grantee certifies to the best of his/her knowledge that no official, agent, or employee of the grantee has been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, nor has any such officer, agent, or employee made an admission of guilt of such conduct which is a matter of record.

v) ~~Personal-Profit-Statement-of-Public-Officials-and-Employees The--following--contracting--requirements--shall--be--observed--by-the bureaus:~~

~~1) For-local-government-bureaus:--no--officer--or--employee--of--the bureau,--no--member--of--its--governing-body,-and-no-other-public official-(i.e.,-mayor,-county-board-chairman,--city--manager)--of the-locality-in-which-the-program-objectives-will-be-carried-out, who--exercise--any--function--or--responsibility-in-the-review-or approval-of-the-undertaking-or-carrying-out--of--such--objectives shall:~~

~~A) take--part--in--the--discussion,--deliberation,-awarding,-or cancellation-of-any-contract--negotiated--under--this--grant program--which--will-result-in-any-personal-financial-profit for-the-individual-or-for-any-corporation,--partnership,--or association-with-which-he/she-is-associated-(i.e.,-holds-any stock-or-is-a-full-or-partial-owner),-or~~

~~B) receives-any-personal-financial-profit-from-such-contract-or from-the-work-to-be-performed-under-such-contract.~~

~~2) For--nongovernmental-bureaus:--any-such-personal-financial-profit (as-described-in-subsection(v)(1)(B))--for--an--employee--of--the bureau,--a--member--of--its--governing-body,-or-an-officer-in-the corporation,-partnership,-or-association-is-permissable,-provided the-Department-is-notified,-in-writing,-at-least--ten--(10)--days prior--to--the-awarding-of-a-contract-for-work-to-be-performed-by said--corporation,--partnership--or--association.---The--officer, employee,-or-member-of--the--governing--body--of--the--bureau--so affected--shall--remove--him--or-herself-from-the-room-during-any~~

~~discussion,--deliberation,--or--voting--in--connection--with--the awarding-of-such-a-contract.~~

u) Conflict of Interest:

1) The bureau shall certify that no person who in any manner governs, advises, consults with, is employed by, is an officer of, or is an elected or appointed official of the bureau, or any governing board or entity of the bureau, nor any husband, wife, or minor child of that person, shall be in any manner interested, either directly or indirectly, in any contract or work awarded by the bureau unless the following requirements are met:

A) The bureau notifies the Department, in writing, of the nature of the conflict of interest and receives written notification of approval from the Department to proceed with the process of bidding or letting of the contract. The Department shall approve if the bureau demonstrates that the best interest of the State outweights the conflict of interest at issue; and

B) The bureau discloses, for the record, the existence of the conflict of interest at any meeting held to consider the acceptance of bids or letting of contracts; the interested person abstains from discussing, voting on, or influencing the acceptance of bids or letting of contracts, and removes himself or herself from the meeting room during the time the bids or contracts are discussed and voted upon.

2) Violations of this provision shall result in suspension or revocation of the grant, or both, and reimbursement to the Department by the bureau of grant funds. Violators shall also be criminally liable under other applicable State laws and subject to actions up to and including felony prosecution.

(Source: Amended at 16 Ill. Reg. 14628, effective September 14, 1992)

Section 550.60 Application Process

a) The application procedure consists of a three-step process:
   1) Public notification by the Department of the amount of funds available for the LTCB program.
   2) A request for certification.
   3) An application for grant funds.

b) Each year on or about January 1, the Department shall publish, three separate times, with the first and last notification 10 days apart, in the official state newspaper, a notification which includes the following:
   1) Amount of funds available under the LTCB program as of July 1.
   2) That applicants must contact the Department to obtain criteria for certification under the Act.
   3) That applicants must submit a request by March 31 for certification by the Department as the entity entitled to receive those funds under the Act.

c) Certification
   1) Any applicant seeking certification as a local tourism and convention bureau who has previously been certified through the Local Tourism and Convention Bureau Program ~~must~~ shall be recertified each year by the Department.
      A) An applicant ~~must~~ shall meet the following eligibility criteria in order to be considered for certification:
         i) Have been a bureau in legal existence as of January 1, 1985, either as a unit of local government or incorporated as a not-for-profit corporation or organization (as evidenced by dated promotional materials which document that the applicant was conducting tourism promotional activities prior to January 1, 1985);
         ii) Represent one or more municipalities or counties which must be contiguous to one another; and
         iii) Employ one full-time paid professional executive director/chief executive officer that devotes all time to development and growth of tourism within the bureau's region.
      B) An eligible applicant ~~must~~ shall submit the following material to be considered for certification:
         i) a request for certification;
         ii) articles of incorporation as a not-for-profit corporation organized prior to January 1, 1985, under the General Not-For-Profit Corporation Act (Ill. Rev. Stat. ~~1989~~ 1991, ch. 32, pars. 163a et seq.) or a statement/resolution signed by the head of the unit(s) of local government which the bureau represents;
         iii) a statement that it employs a full-time paid professional executive director/chief executive officer that devotes all time to development and growth of tourism within the bureau's region, prior to receiving State grant funds;
         iv) a statement listing the city(ies), town(s) or county(ies) in its service area, including a current ~~resolution~~ letter from the governing bodies of these entities;
         v) a complete listing of hotel/motels collecting the State's hotel/motel tax (including addresses and telephone numbers) within its service area and the number of rooms/units in each; and
         vi) a certified statement by the applicant's fiscal officer, accountant, or treasurer of local funds in the applicant's budget received in the fiscal year prior to certification which can be used for match for the State grant.
   2) Any applicant seeking certification as a local tourism and

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convention bureau who has not previously been certified through the Local Tourism and Convention Bureau Program ~~must~~ shall be certified by the Department.

A) In order to be considered for certification, an applicant ~~must~~ shall meet the eligibility criteria specified in subsections (c)(1)(A)(i) through (iii). Additionally, in order to be eligible, their service area ~~must~~ shall contain at least 500 hotel/motel rooms eligible to collect the state's hotel/motel tax.

B) An eligible applicant ~~must~~ shall submit the following material to be considered eligible for certification:

i) a request for certification;

ii) a statement including a description of its history, describing previous efforts to further the growth of the State's travel industry as evidenced by documentation of previous promotional activities prior to January 1, 1985 (e.g., brochures or pamphlets used to encourage visits or visitors to and through Illinois);

iii) a statement that it employs a full-time paid, professional executive director/chief executive officer who devotes all time to development and growth of tourism within the bureau's region prior to receiving State grant funds. This ~~should~~ shall include a summarization of his or her tourism related experience and a synopsis of his or her duties;

iv) articles of incorporation as a not-for-profit corporation organized prior to January 1, 1985, under the General Not-for-Profit Corporation Act (Ill. Rev. Stat. ~~1989~~ 1991, ch. 32, pars. 163a et seq.) or a statement/resolution signed by the head of the unit(s) of local government which the bureau represents;

v) a statement listing the city(ies), town(s) or county(ies) in its service area, including a current resolution from the governing bodies of these entities;

vi) a complete listing of hotels/motels collecting the state's hotel/motel tax (including address and telephone numbers) within its service area and the number of rooms/units in each;

vii) a certified statement by the applicant's fiscal officer, accountant, or treasurer of local funds in the applicant's budget received in the fiscal year prior to certification which can be used for match for the State grant; and

viii) documentation showing unsatisfactory representation if the proposed area of the new bureau is currently represented by an existing bureau.

3) Thirty (30) days after receipt deadline of all requests for

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certification under subsection (b), the Department shall send a notice to each applicant seeking certification, informing the applicant of its status.

A) When a single local bureau seeks certification and has submitted all documentation required in subsections (c)(1) and (2) of this Section, such bureau shall be certified by the Department and the Department shall send notification of certification, amount of potential funds available in the respective service area, and an application for grant funds.

B) When more than one local bureau seeks certification for the same city, town or county, the Department shall send each a request for proposal (RFP). Proposals shall require the following information which shall be given equal weight in the evaluation of each proposal:

i) bureau's background, organization, experience and staff qualifications,

ii) a detailed marketing plan which includes such items as a description of activities contemplated by the bureau, objectives (long and short-term), methodology used to measure program effectiveness, intended audience, distribution targets for promotional materials, and projected economic impact and benefit to tourism, and

iii) any marketing or feasibility studies in support of the plan.

C) Within fifteen (15) days of after receipt of the RFP's, the Department shall notify in writing each local bureau of certification determinations.

i) The Department shall send written notification of certification, amount of potential funds available in the respective service area, and an application for grant funds to the certified bureau, and notify all other applicants of the determination.

ii) A bureau which is not certified shall have the right to appeal the Department's certification decision to the Director within ten (10) calendar days after receipt of such notice. The request for review shall be submitted in writing to the Department and shall contain the reasons for appeal and any additional tourism related information the applicant chooses to submit in support of their appeal. The Director shall render a decision no later than fifteen (15) calendar days thereafter. The Director shall make his determination based upon his review of the information required by subsection (c)(3)(B) of this Section and any additional material submitted by the applicant with their appeal.

d) Application by Certified Bureaus for Funds Under the Act:

1) All certified bureaus shall complete an application for funding.

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The bureau shall retain one copy and submit three copies of the application to the Manager of the Local Tourism and Convention Bureau Program. Failure to provide any information requested in the application ~~will~~ shall result in the application not being processed. A certified bureau's application for funding under the Local Tourism and Convention Bureau Program ~~must~~ shall include the following information:

A) Full-time local bureau executive director's name, salary, and length of employment with bureau.

B) A marketing plan detailing all activities to be initiated and funded through the LCTB grant during the fiscal year.

~~C) Objectives--which-identify-actual-end-results-to-be-achieved through-the-marketing-plan-within-specific-time-frames;~~

~~D) Performance-indicators-and-timelines-which-list--the--method of--measuring--objectives--and-time-frames-for-completion-of individual-objectives;~~

~~E) Targeted---geographical----and----demographical----audiences anticipated-to-be-reached-with-specific-programs;~~

~~F) Method--and--location-of-distribution-of-printed-promotional materials--(e.g.,--Welcome--Centers,--Information---Centers, direct-mail,-electronic-media-promotions,-etc.);~~

~~G) Economic---impact---indicators--addressing--the--anticipated economic--impact--of--the--individual--objectives---of---the marketing-plan-(e.g.,-the-percentage-of-the-increase-of-both business-and-tourist-visitors-to-the-area);~~

CH) Area to be served such as municipality(ies), county(ies), etc. ~~All--letters--of--designation--from--chief---elected officials---(e.g.,---mayors,--city--managers,--county--board chairpersons),-etc.,-must-be--submitted--with--the--original application;~~

DI) Itemized budget for activities proposed for funding under LTCB monies only.

EJ) Local operating budget based on state fiscal year. Only match funds shall be reflected on this form.

FK) Name of the financial institution that serves as the depositor for LTCB grant funds.

GL) Fund account number for LTCB grant funds.

HM) ~~Two names~~ Names and sample signatures for those ~~names~~ persons who ~~which~~ will be required to authorize all account transactions, with a minimum of two required. Local Tourism and Convention Bureau grant funds ~~must~~ shall be deposited in an interest bearing account.

IN) Name and sample signature for individuals designated as authorized signatures for grant awards, invoice vouchers, and expenditure summary and payment request forms.

2) Upon receipt of applications from certified bureaus the Department shall review the applications and

A) grant the full amount requested, or

B) ask for additional information to clarify or document the information contained in the application, and/or

C) reduce the amount of funds requested if there are not sufficient funds available to match the full amount, or the projects presented in the marketing plan do not focus on important tourism promotional activities and have little substance, i.e., no media promotions planned, no promotional materials being developed, the projects are not reasonable and are not consistent and workable and the applicant cannot effectively carry out the projects. In the event that funding of a grant request is lowered, the bureau(s) shall be entitled to appeal to the Director of the Department within 10 days. The request for review shall be submitted in writing to the Director and shall contain the reasons for appeal and any additional tourism related information the bureau chooses to submit in support of their appeal. The Director shall make his decision based upon the criteria previously specified in this subsection and any additional material submitted by the bureau with their appeal. The Department shall notify these bureaus in writing of its decision within 15 days of after receipt of their appeal.

(Source: Amended at 16 Ill. Reg. 14628, effective September 14, 1992)

NOTICE OF ADOPTED AMENDMENT(S)

ILLINOIS DEVELOPMENT FINANCE AUTHORITY

NOTICE OF ADOPTED RULES

1) The Heading of the Part: Organization, Public Information and Rulemaking

2) Code Citation: 2 Ill. Adm. Code 2925

3)

Section numbers:	Adopted Action
2925.10	New
2925.20	New
2925.30	New
2925.40	New
2925.100	New
2925.200	New
2925.300	New
2925.305	New
2925.310	New
2925.315	New
2925.320	New
2925.325	New
2925.330	New
2925.335	New
2925.340	New
2925.345	New
2925.350	New
2925.355	New
2925.360	New
2925.EXHIBIT A	New
2925.EXHIBIT B	New
2925.EXHIBIT C	New

4) Statutory Authority: Implementing and authorized by the Illinois Administrative Procedure Act, Section 5-15 (Ill. Rev. Stat. 1991, ch. 127, par. 1005-15)

5) Effective Date of Rule: October 1, 1992

6) Does this rulemaking contain an automatic repeal date? No

7) Does this amendment contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: October 1, 1992

9) Notice of Proposal Published in Illinois Register:

10) Has JCAR issued a Statement of Objections to these amendments? No

11) Differences between proposal and final version:

There are no differences because this rulemaking is internal rulemaking.

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12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR?

There are no changes to be made.

13) Will these amendments replace an emergency rule amendment currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rules: These rules specify the rulemaking procedures, the public information availability, and the organizational structure of the Illinois Development Finance Authority. These rules are the internal rules required by the Illinois Administrative Procedure Act.

16) Information and questions regarding these adopted amendments shall be directed to:

Philip S. Howe
600 South Second Street (Suite 100)
Springfield, Illinois 62704
217/524-1567

The full text of the Adopted Rules begin on the next page:

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NOTICE OF ADOPTED RULES

TITLE 2: GOVERNMENTAL ORGANIZATION
SUBTITLE E: MISCELLANEOUS STATE AGENCIES
CHAPTER LV: ILLINOIS DEVELOPMENT FINANCE AUTHORITY

PART 2925
ORGANIZATION, PUBLIC INFORMATION, AND RULEMAKING

SUBPART A: ORGANIZATION

Section
2925.10 Description of Agency
2925.20 Organizational Structure
2925.30 Authority Offices and Business Hours
2925.40 Board Meetings

SUBPART B: RULEMAKING PROCEDURES

Section
2925.100 Rulemaking Procedures

SUBPART C: PUBLIC INFORMATION

Section
2925.200 Public Information

SUBPART D: FREEDOM OF INFORMATION

Section
2925.300 Summary and Purpose
2925.305 Definitions
2925.310 Principal Office
2925.315 Availability and Inspection of Records at Authority Offices
2925.320 Person to Whom Requests are Submitted
2925.325 Form and Content of Requests
2925.330 Timeline for Authority Responses
2925.335 Types of Authority Responses
2925.340 Appeal of Denial
2925.345 Appeal Procedure
2925.350 Director's Response to Appeal
2925.355 Fees
2925.360 General Materials Available from the Freedom of Information Officer

2925.EXHIBIT A Freedom of Information Request Form
2925.EXHIBIT B Organization Chart
2925.EXHIBIT C Rulemaking Chart

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AUTHORITY: Subparts A, B, and C are implementing and authorized by Section 5-15 of the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1005-15). Subpart D is implementing and authorized by the Freedom of Information Act (Ill. Rev. Stat. 1991, ch. 116, par. 201 et seq.)

SOURCE: Adopted at 16 Ill. Reg. 14653, effective October 1, 1992

SUBPART A: ORGANIZATION

Section 2925.10 Description of Agency

The Illinois Development Finance Authority (IDFA) was created by PA 81-454, effective September 23, 1983 (Ill. Rev. Stat. 1991, ch. 48, par. 850.01). The purpose of the IDFA is to help Illinois businesses create and retain employment for Illinois residents, and to perform other duties as set forth specially in the statutes governing the Authority, (Ill. Rev. Stat. 1991, ch. 48, par. 850.01 et seq.). The IDFA is a political subdivision, body politic and corporate.

Section 2925.20 Organizational Structure

The IDFA is governed by a board of directors of 15 people appointed by the Governor by and with the advice and consent of the Senate. The Board appoints an Executive Director and other staff as needed. The staff is separated into an operations staff and a program staff. The authority's organization chart is attached as Exhibit B "Organization Chart".

Section 2925.30 Authority Offices and Business Hours

a) The IDFA maintains three offices:

1) The Chicago office, which is the IDFA headquarters at Suite 980, 2 N. LaSalle Street, Chicago, Illinois 60601-9892. The telephone number is 312/793-5586.

2) The Springfield office is located at 600 S. Second Street, Suite 100, Springfield, Illinois 62704. The telephone number is 217/524-1567.

3) The Marion office is located at 400 East DeYoung, P.O. Box 397, Marion, Illinois 62959. The telephone number is 618/997-6318.

b) The Authority provides its financial services through 3 regions in Illinois, headquartered in each of the offices listed in subsection (a) of this Section.

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c) The business hours of the Authority are 9:00 A.M. to 5:00 P.M., Monday through Friday, except for state holidays.

Section 2925.40 Board Meetings

a) The meetings of the IDFA are held every third Wednesday of the month, except when the Board shall vote to hold the meetings on another day.

b) The meetings shall be open to the public, and the meetings are conducted in accordance with the Illinois Open Meetings Act (Ill. Rev. Stat. 1991, ch. 102, par. 41-46).

c) A quorum of the members shall be 8 members.

d) The By-Laws of the Board of Directors are available upon request to the Secretary to the Board of Directors, Suite 980, 2 N. LaSalle Street, Chicago, Illinois 60602-9897.

SUBPART B: RULEMAKING PROCEDURES

Section 2925.100 Rulemaking Procedures

a) Rules for the operation of IDFA programs are promulgated in accordance with the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001-1, et. seq.) and the Rules at 1 Ill. Adm. Code 100. Please refer to Exhibit C of this Part.

b) Rules may be initiated by petition from a member of the public, by the Executive Director on his/her own initiative, or at the direction of the Board of Directors.

c) The legal staff for IDFA shall draft all proposed rules for consideration by the Executive Director and the Board of Directors. After approval of proposed rulemaking, the legal staff shall be responsible for coordinating the rules with the Joint Committee on Administrative Rules, and working to promulgate the rules through to adoption.

d) Public hearings may be conducted on proposed rulemaking in accordance with the Illinois Administrative Procedure Act. If requested by an individual or organization, or at the direction of the Executive Director, such hearings will be conducted in Chicago and Springfield, and a transcript of the proceedings shall be made by a court reporter or electronic device. The hearing date, time and location shall be publicized by the Executive Director at least 24 hours prior to each hearings, and by a means reasonably calculated to broadly disseminate the information concerning the

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hearings. All public comments shall be considered by the Executive Director during the first notice period, as required by the Illinois Administrative Procedure Act.

e) The rules of the Authority are found at 14 Ill. Adm. Code 1200 through 14 Ill. Adm. Code 1220.

SUBPART C: PUBLIC INFORMATION

Section 2925.200 Public Information

a) All requests from the public for information should be addressed to the Executive Director at the Chicago office (see Section 2925.230 (a) of Subpart C of this Part.) All requests must be in writing, stating specifically what information is sought and the reason it is needed by the requestor.

b) All information requests submitted pursuant to this rule will be handled as promptly as possible, but not according to the time standards contained in the Illinois Freedom of Information Act (FOIA) (Ill. Rev. Stat. 1991, ch. 116, par. 201 et seq.). Requests for information may be submitted to the Authority verbally or in writing to be considered pursuant to this Subpart.

SUBPART D: FREEDOM OF INFORMATION

Section 2925.300 Summary and Purpose

a) These rules are established to implement the provisions of the Freedom of Information Act. The purpose of these rules is to support the policy of providing public access to the public records in the possession of the IDFA, while at the same time, protecting legitimate privacy interests and maintaining administrative efficiency.

b) These rules create a procedure by which the public may request and obtain public records. Therefore, they are being filed in accordance with Section 5-15 of the Illinois Administrative Procedure Act. A request form is set forth in Exhibit A of this Part.

Section 2925.305 Definitions

Terms not otherwise defined shall have the same meaning as in the FOIA. As used in this Part, the following terms shall mean:

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"Authority" means the Illinois Development Finance Authority (IDFA) (Ill. Rev. Stat. 1991, ch. 48, par. 850.01 et seq.)

"FOIA": the Freedom of Information Act, Ill. Rev. Stat. 1991, ch. 116, par. 201 et seq.

"Freedom of Information Officer": an individual responsible for receiving and responding to requests for public records.

"Requestor": a person who submits a request for public records in accordance with these Rules.

Section 2925.310 Principal Office

For the purposes of the Illinois Freedom of Information Act, the principal office of the Illinois Development Finance Authority is Suite 980, 2 North LaSalle Street, Chicago, Illinois.

Section 2800.315 Availability and Inspection of Records at Authority Offices

a) Generally, public records will be made available for inspection during normal business hours of the Authority at the principal office of the Authority.

b) Documents which the Requestor wishes to have copied shall be segregated during the course of the inspection. Generally, all copying shall be done by Authority employees, except in cases of voluminous requests. Public records provided as a result of requests for a large number of documents may be sent off site to be copied.

c) Unless otherwise arranged, the inspection of records shall take place at the Authority's office. For purposes of convenience, either the Authority or the Requestor may request that inspection take place in another Authority office location.

d) An employee of the Authority shall be present throughout the inspection. A Requestor may be prohibited from bringing bags, brief cases or other containers into the inspection room.

Section 2800.320 Person to Whom Requests are Submitted

Requests for public records shall be submitted to the Freedom of Information Officer of the Authority. Requests shall be submitted to the following address:

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Freedom of Information Officer
Illinois Development Finance Authority
Suite 980, 2 N. LaSalle Street
Chicago, IL 60602-9897
Attn: FOIA Requests

Section 2925.325 Form and Content of Requests

a) Requests in accordance with the FOIA and these Rules shall be made in writing. Such requests may be submitted on FOIA request forms provided by the Authority.

b) Oral requests will be handled as expeditiously as possible. However, the required response times and the appeal procedures contained in the FOIA and these Rules do not apply to oral requests.

c) The Requestor shall provide the following information in a request for public records:

1) The Requestor's full name, address and phone number.

2) A brief description of the public records sought, being as specific as possible.

3) Whether the request is for inspection of public records, copies of public records, or both.

Section 2925.330 Timeline for Authority Responses

a) The Authority shall respond to a written request for public records within 7 business days after the receipt of such request.

b) The Authority may give notice of an extension of time to respond which does not exceed an additional 7 business days. Such an extension is allowable only if written notice is provided within the original 7 business day time limit and only for the reasons provided in Section 3(d) of the FOIA. Such notice of extension shall state the reasons why the extension is necessary.

Section 2925.335 Types of Authority Responses

a) The Authority shall respond to a request for public records in one of three ways:

1) Approve the request.

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2) Approve in part and deny in part.

3) Deny the request.

b) Upon approval of a request for public records, the Authority will either give notice that the materials shall be made available upon payment of reproduction costs or give notice of the time and place for inspection of records.

c) A denial of a request for public records shall be made in writing. It shall state the reasons for the denial in accordance with either Section 3(f) or Section 7 of the FOIA and the names and titles of individuals responsible for the decision. It shall also give notice of the Requestor's right to appeal to the Executive Director of the Authority.

d) Categorical requests creating an undue burden upon the Authority shall be denied only after extending to the Requestor an opportunity to confer in an attempt to reduce the request to manageable proportions in accordance with Section 3(f) of the FOIA.

e) Failure to respond to a written request within 7 business days may be considered by the Requestor a denial of the request.

f) Notices of denial shall be maintained in the IDFA office in Chicago, Illinois.

Section 2925.340 Appeal of a Denial

a) A Requestor whose request has been denied by the Freedom of Information Officer may appeal the denial to the Executive Director of the Authority. The notice of appeal shall be made in writing and sent to:

Executive Director
Illinois Development Finance Authority
Suite 980, 2 N. LaSalle Street
Chicago, IL 60602-9897

Attn: FOIA Appeal

b) The notice of appeal shall include a copy of the original request, a copy of the denial received by the Requestor and a statement of the reasons why the appeal should be granted.

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Section 2925.345 Appeal Procedure

a) Any person requesting a record who has been denied access by the Freedom of Information Officer may appeal such denial to the Executive Director pursuant to Section 10 of the FOIA.

b) The appeal request must be in writing and addressed to the Executive Director, Suite 980, 2 N. LaSalle Street, Chicago, Illinois 60602-9897. It shall contain a copy of the original request, a copy of the denial received by the requestor, and a statement of the reasons why the appeal should be granted.

Section 2925.350 Director's Response to Appeal

The Director shall respond to an appeal within 7 business days after receiving notice thereof. The Director shall either affirm the denial or provide access to the requested public records. Failure to respond within 7 business days may be considered by the Requestor an affirmation of the denial.

Section 2925.355 Fees

a) The fees for copying any record shall be $.50 per page of material 8 and 1/2" X 11" in size, $1.00 per page of material larger than 8 and 1/2" X 11" in size, and certification shall be $2.00 per document unless a specific statute provides otherwise.

b) Copies of public records shall be provided to the requestor only upon payment of the charges which are due.

c) Requests for a waiver or reduction of any fee pursuant to Section 6 of FOIA shall be directed to the Freedom of Information Officer.

d) Charges shall be waived if the requestor is a local, state, or Federal governmental agency or an elected official. Charges may be waived in any other cases in which the Freedom of Information Officer determines that the waiver serves the public interest. (Section 206 of the FOIA)

Section 2925.360 General Materials Available from the Freedom of Information Officer

The Freedom of Information Officer shall make available to the public at no charge the following materials:

a) A brief description of the organizational structure and budget of the Authority;

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b) A brief description of the means for requesting information and public records;

c) A list of types and categories of public records maintained by the Authority.

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SECTION 2925.EXHIBIT A - FREEDOM OF INFORMATION REQUEST FORM

Requestor's Name _____ Date _____

Address _____ Telephone Number _____

City _____ Zip Code _____

RECORDS SOUGHT (Be Specific) _____

_____

_____

_____

_____

_____

Requestor's Signature _____

The department will respond to a request for public records within seven (7) working days after its receipt. If your request is denied, you may file an appeal. Appeals should be addressed to the Executive Director, Illinois Development Finance Authority, Suite 980, 2 N. LaSalle Street, Chicago, Illinois, 60602-9897.

(FOR IDFA USE ONLY)

Response:

Records Made Available ☐ Date_____ Copies Made Yes ☐ No ☐

Request Denied and Why? ☐ _____ How Many? _____

_____ Fee _____

Other (Attach Correspondence): _____

_____

_____

_____

Comments (Use Reverse) | Date Request Rec'd

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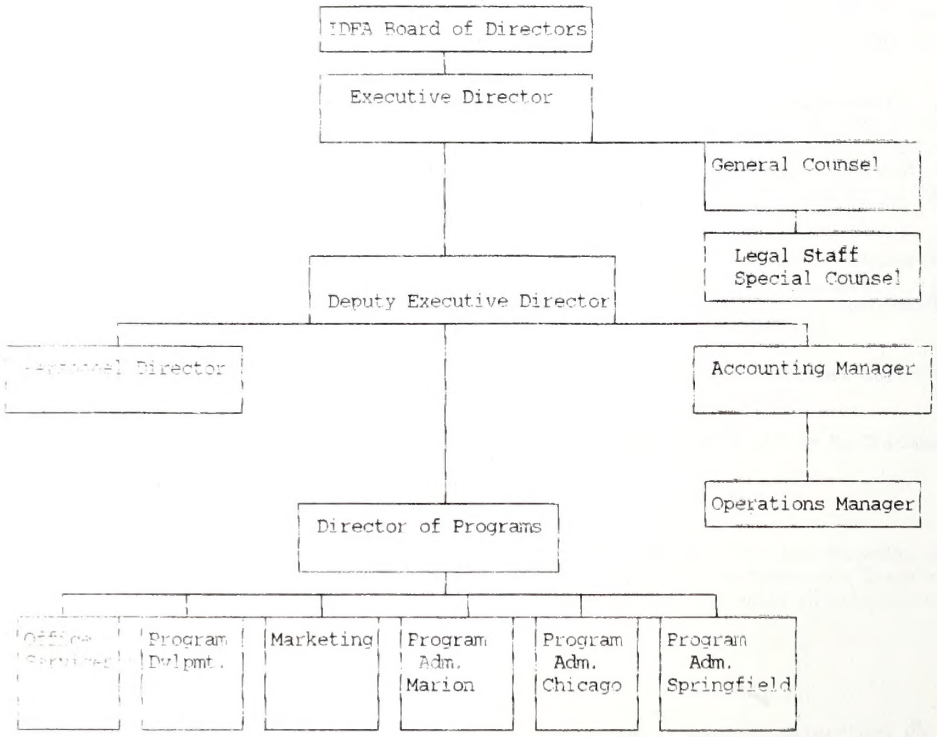
SECTION 2925.EXHIBIT B - ORGANIZATIONAL CHART

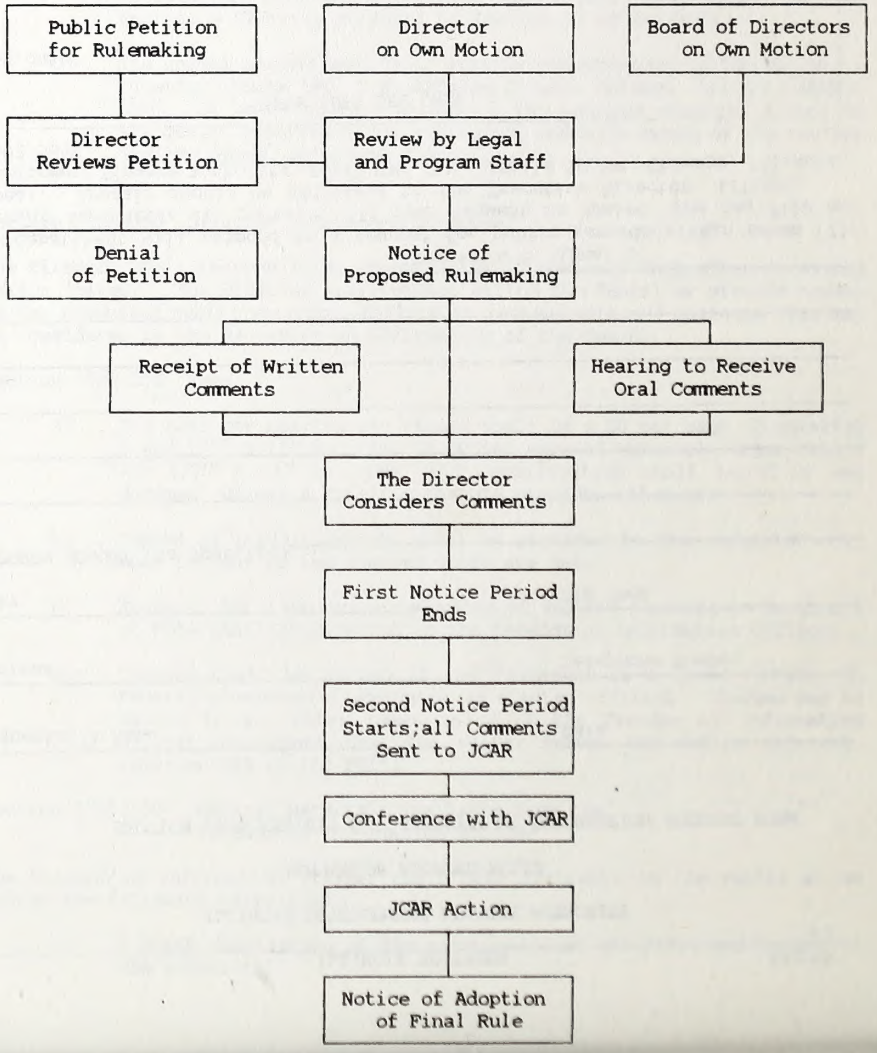
AUGUST 1992



ILLINOIS DEVELOPMENT FINANCE AUTHORITY

NOTICE OF ADOPTED RULES

SECTION 2925.EXHIBIT C - RULEMAKING CHART



POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Groundwater Quality

2) Code Citation: 35 Ill. Adm. Code 620

3) Section Numbers: Adopted Action:

620.450 Amended

4) Statutory Authority: Ill. Rev. Stat. 1991, ch. 111½, pars. 7458 and 1027.

5) Effective Date of Rule: September 11, 1992

6) Does this rulemaking contain an automatic repeal date?: No

7) Does this amendment contain incorporations by reference? No.

8) Date filed in Board's Principal Office: September 3, 1992

9) Notice of Proposal Published in Illinois Register:

16 Ill. Reg. 7286, May 8, 1992

10) Has JCAR issued a Statement of Objection to these rules? No

11) Differences between proposal and final version:

Minor nonsubstantive changes were made at the suggestion of the Administrative Code Division.

12) Have all the changes agreed upon by the Board and JCAR been made as indicated in the agreement letter issued by JCAR? No agreements were necessary.

13) Will this Rule replace an emergency Rule currently in effect? No

14) Are there any other amendments pending on this Part? No.

15) Summary and Purpose of Rule:

A complete description is contained in the Board's Opinion and Order of September 3, 1992, in docket R89-14(C), which is available from the Pollution Control Board, 100 W. Randolph St., Suite 11-500, Chicago IL

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

60601, (312) 814-3620. The amendments change the citation to Section 303.203 to 302.Subparts B and C because it is the standards of Subparts B and C to which the coal mining facilities are subject. This eliminates the need to first look at the applicability section of 303.203, and then to the standards of 302.Subparts B and C. The phrase "except due to natural causes" is added here as that concept was contained in Section 303.203. Interested persons are referred to the separate notice pertaining to the Section 303.203 amendments.

16) Information and questions regarding these adopted amendments shall be directed to:

Michelle C. Dresdow
Illinois Pollution Control Board
P.O. Box 505
DeKalb, IL 60115
(815) 753-0947

The full text of the Adopted Rule begins on the next page:

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE F: PUBLIC WATER SUPPLIES
CHAPTER I: POLLUTION CONTROL BOARD

PART 620
GROUNDWATER QUALITY

SUBPART A: GENERAL

Section
620.105 Purpose
620.110 Definitions
620.115 Prohibition
620.125 Incorporations by Reference
620.130 Exemption from General Use Standards and Public and Food Processing Water Supply Standards
620.135 Exclusion for Underground Water in Certain Man-Made Conduits

SUBPART B: GROUNDWATER CLASSIFICATION

Section
620.201 Groundwater Designations
620.210 Class I: Potable Resource Groundwater
620.220 Class II: General Resource Groundwater
620.230 Class III: Special Resource Groundwater
620.240 Class IV: Other Groundwater
620.250 Groundwater Management Zone
620.260 Reclassification of Groundwater by Adjusted Standard

SUBPART C: NONDEGRADATION PROVISIONS FOR APPROPRIATE GROUNDWATERS

Section
620.301 General Prohibition Against Use Impairment of Resource Groundwater
620.302 Applicability of Preventive Notification and Preventive Response Activities
620.305 Preventive Notification Procedures
620.310 Preventive Response Activities

SUBPART D: GROUNDWATER QUALITY STANDARDS

Section
620.401 Applicability

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

620.405 General Prohibitions Against Violations of Groundwater Quality Standards
620.410 Groundwater Quality Standards for Class I: Potable Resource Groundwater
620.420 Groundwater Quality Standards for Class II: General Resource Groundwater
620.430 Groundwater Quality Standards for Class III: Special Resource Groundwater
620.440 Groundwater Quality Standards for Class IV: Other Groundwater
620.450 Alternative Groundwater Quality Standards

SUBPART E: GROUNDWATER MONITORING AND ANALYTICAL PROCEDURES

Section
620.505 Compliance Determination
620.510 Monitoring and Analytical Requirements

SUBPART F: HEALTH ADVISORIES

Section
620.601 Purpose of a Health Advisory
620.605 Issuance of a Health Advisory
620.610 Publishing Health Advisories
620.615 Additional Health Advice for Mixtures of Similar-Acting Substances

620.Appendix A Procedures for Determining Human Threshold Toxicant Advisory Concentration for Class I: Potable Resource Groundwater

620.Appendix B Procedures for Determining Hazard Indices for Class I: Potable Resource Groundwater for Mixtures of Similar-Acting Substances

620.Appendix C Guidelines for Determining When Dose Addition of Similar-Acting Substances in Class I: Potable Resource Groundwaters is Appropriate

620.Appendix D Confirmation of an Adequate Corrective Action Pursuant to 35 Ill. Adm. Code 620.250 (a)(2).

AUTHORITY: Implementing and authorized by Section 8 of the Illinois Groundwater Protection Act and Section 27 of the Illinois Environmental Protection Act (Ill. Rev. Stat. 198991, ch. 111 1/2, par. 7458 and 1027).

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

SOURCE: Adopted in R89-14(B) at 15 Ill. Reg. 17614, effective November 25, 1991; amended in R89-14(C) at 16 Ill. Reg. 14667, effective September 11, 1992.

NOTE: Capitalization denotes statutory language.

SUBPART D: GROUNDWATER QUALITY STANDARDS

Section 620.450 Alternative Groundwater Quality Standards

a) Groundwater Quality Restoration Standards

1) Any chemical constituent in groundwater within a groundwater management zone is subject to this Section.

2) Except as provided in subsections (a)(3) or (a)(4) below, the standards as specified in Sections 620.410, 620.420, 620.430, and 620.440 apply to any chemical constituent in groundwater within a groundwater management zone.

3) Prior to completion of a corrective action described in Section 620.250(a), the standards as specified in Sections 620.410, 620.420, 620.430, and 620.440 are not applicable to such released chemical constituent, provided that the initiated action proceeds in a timely and appropriate manner.

4) After completion of a corrective action as described in Section 620.250(a), the standard for such released chemical constituent is:

A) The standard as set forth in Section 620.410, 620.420, 620.430, or 620.440, if the concentration as determined by groundwater monitoring of such constituent is less than or equal to the standard for the appropriate class set forth in those sections; or

B) The concentration as determined by groundwater monitoring, if such concentration exceeds the standard for the appropriate class set forth in Section 620.410, 620.420, 620.430, or 620.440 for such constituent, and:

i) To the extent practicable, the exceedence has been minimized and beneficial use, as appropriate for the class of groundwater, has been returned; and

ii) Any threat to public health or the environment has been minimized.

5) The Agency shall develop and maintain a listing of concentrations derived pursuant to subsection (a)(4)(B) above. This list shall be made available to the public and be updated periodically, but no less frequently than semi-annually. This listing shall be published in the Environmental Register.

b) Coal Reclamation Groundwater Quality Standards

1) Any inorganic chemical constituent or pH in groundwater, within an underground coal mine, or within the cumulative impact area of groundwater for which the hydrologic balance has been disturbed from a permitted coal mine area pursuant to the Surface Coal Mining Land Conservation and Reclamation Act (Ill. Rev. Stat. 1989, ch. 96 1/2, pars. 7901.1 et seq., as amended) and 62 Ill. Adm. Code 1700 through 1850, is subject to this Section.

2) Prior to completion of reclamation at a coal mine, the standards as specified in Sections 620.410(a) and (d), 620.420(a) and (e), 620.430 and 620.440 are not applicable to inorganic constituents and pH.

3) After completion of reclamation at a coal mine, the standards as specified in Sections 620.410(a) and (d), 620.420(a), 620.430, and 620.440 are applicable to inorganic constituents and pH, except:

A) The concentration of total dissolved solids (TDS) must not exceed:

i) The post-reclamation concentration or 3000 mg/L, whichever is less, for groundwater within the permitted area; or

ii) The post-reclamation concentration of TDS must not exceed the post-reclamation concentration or 5000 mg/L, whichever is less, for groundwater in underground coal mines and in permitted areas reclaimed after surface coal mining if the Illinois Department of Mines and Minerals and the Agency have determined that no significant resource groundwater existed prior to mining (62 Ill. Adm. Code 1780.21(f) and (g)); and

B) For chloride, iron, manganese and sulfate, the post-reclamation concentration within the permitted area must not be exceeded.

C) For pH, the post-reclamation concentration within the permitted area must not be exceeded within Class I: Potable Resource Groundwater as specified in Section 620.210(a)(4).

4) A refuse disposal area (not contained within the area from which overburden has been removed) is subject to the inorganic chemical constituent and pH requirements of:

A) 35 Ill. Adm. Code ~~303.203~~ 302.Subparts B and C, except due to natural causes, for such area that was placed into operation after February 1, 1983, and before the effective date of this Part, provided that the groundwater is a present or a potential source of water for public or food processing;

B) Section 620.440(c) for such area that was placed into operation prior to February 1, 1983, and has remained in continuous operation since that date; or

C) Subpart D of this Part for such area that is placed into operation on or after the effective date of this Part.

5) For a refuse disposal area (not contained within the area from which overburden has been removed) that was placed into operation prior to February 1, 1983, and is modified after that date to include additional area, this Section applies to the area that meets the requirements of subsection (b)(4)(C) and the following applies to the additional area:

A) 35 Ill. Adm. Code ~~303.203~~ 302.Subparts B and C, except due to natural causes, for such additional refuse disposal area that was placed into operation after February 1, 1983, and before the effective date of this Part, provided that the groundwater is a present or a potential source of water for public or food processing; and

B) Subpart D for such additional area that was placed into operation on or after the effective date of this Part.

6) A coal preparation plant (not located in an area from which overburden has been removed) which contains slurry material, sludge or other precipitated process material, is subject to the inorganic chemical constituent and pH requirements of:

A) 35 Ill. Adm. Code ~~303.203~~ 302.Subparts B and C, except due to natural causes, for such plant that was placed into operation after February 1, 1983, and before the effective date of this Part, provided that the groundwater is a present or a potential source of water for public or food processing;

B) Section 620.440(c) for such plant that was placed into operation prior to February 1, 1983, and has remained in continuous operation since that date; or

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

C) Subpart D for such plant that is placed into operation on or after the effective date of this Part.

7) For a coal preparation plant (not located in an area from which overburden has been removed) which contains slurry material, sludge or other precipitated process material, that was placed into operation prior to February 1, 1983, and is modified after that date to include additional area, this Section applies to the area that meets the requirements of subsection (b)(6)(C) and the following applies to the additional area:

A) 35 Ill. Adm. Code ~~303.203~~ 302.Subparts B and C, except due to natural causes, for such additional area that was placed into operation after February 1, 1983, and before the effective date of this Part, provided that the groundwater is a present or a potential source of water for public or food processing; and

B) Subpart D for such additional area that was placed into operation on or after the effective date of this Part.

(Source: Amended at 16 Ill. Reg. 14667, effective September 11, 1992)

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: New Activities in a Setback Zone or Regulated Recharge Area

2) Code Citation: 35 Ill. Adm. Code 616

3) Section Numbers: Adopted Action:

616.104 Amended

4) Statutory Authority: Ill. Rev. Stat. 1991, ch. 111½, pars. 1005, 1014.4, 1021, 1022 and 1027.

5) Effective Date of Rule: September 11, 1992

6) Does this rulemaking contain an automatic repeal date?: No

7) Does this amendment contain incorporations by reference? No.

8) Date filed in Board's Principal Office: September 3, 1992

9) Notice of Proposal Published in Illinois Register:

16 Ill. Reg. 7295, May 8, 1992

10) Has JCAR issued a Statement of Objection to these rules? No

11) Differences between proposal and final version:

Minor nonsubstantive changes were made at the suggestion of the Administrative Code Division.

12) Have all the changes agreed upon by the Board and JCAR been made as indicated in the agreement letter issued by JCAR? No agreements were necessary.

13) Will this Rule replace an emergency Rule currently in effect? No

14) Are there any other amendments pending on this Part? No.

15) Summary and Purpose of Rule:

A complete description is contained in the Board's Opinion and Order of September 3, 1992, in docket R89-14(C), which is available from the Pollution Control

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

Board, 100 W. Randolph St., Suite 11-500, Chicago IL 60601, (312) 814-3620. The amendments replace a phrase contained in statutory language that was inadvertently dropped in the text of the adopted section 616.104.

16) Information and questions regarding these adopted amendments shall be directed to:

Michelle C. Dresdow
Illinois Pollution Control Board
P.O. Box 505
DeKalb, IL 60115
(815) 753-0947

The full text of the Adopted Rule begins on the next page:

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE F: PUBLIC WATER SUPPLIES
CHAPTER I: POLLUTION CONTROL BOARD

PART 616
NEW ACTIVITIES IN A SETBACK ZONE OR REGULATED RECHARGE AREA

SUBPART A: GENERAL

Section
616.101 Purpose
616.102 Definitions
616.104 Exceptions to Prohibitions
616.105 General Exceptions

SUBPART B: GROUNDWATER MONITORING REQUIREMENTS

Section
616.201 Applicability
616.202 Compliance Period
616.203 Compliance With Groundwater Standards
616.204 Groundwater Monitoring System
616.205 Groundwater Monitoring Program
616.206 Reporting
616.207 Determining Background Values and Maximum Allowable Results ("MARs")
616.208 Continued Sampling
616.209 Preventive Notification and Preventive Response
616.210 Corrective Action Program
616.211 Alternative Corrective Action Demonstration

SUBPART C: GENERAL CLOSURE AND POST-CLOSURE REQUIREMENTS

Section
616.301 Applicability
616.302 Closure Performance Standard
616.303 Certification of Closure
616.304 Survey Plat
616.305 Post-Closure Notice for Waste Disposal Units
616.306 Certification of Completion of Post-Closure Care
616.307 Post-Closure Care Period

SUBPART D: ON-SITE LANDFILLS

Section
616.401 Applicability
616.402 Prohibitions

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

SUBPART E: ON-SITE LAND TREATMENT UNITS

Section
616.421 Applicability
616.422 Prohibitions
616.423 Groundwater Monitoring
616.424 Design and Operating Requirements
616.425 Closure and Post-Closure

SUBPART F: ON-SITE SURFACE IMPOUNDMENTS

Section
616.441 Applicability
616.442 Prohibitions
616.443 Groundwater Monitoring
616.444 Design Requirements
616.445 Inspection Requirements
616.446 Operating Requirements
616.447 Closure and Post-Closure Care

SUBPART G: ON-SITE WASTE PILES

Section
616.461 Applicability
616.462 Prohibitions
616.463 Design and Operating Requirements
616.464 Closure

SUBPART H: UNDERGROUND STORAGE TANKS

Section
616.501 Applicability
616.502 Design and Operating Requirements

SUBPART I: PESTICIDE STORAGE AND HANDLING UNITS

Section
616.601 Applicability
616.602 Prohibitions
616.603 Groundwater Monitoring
616.604 Design and Operating Requirements
616.605 Closure and Post-Closure Care

SUBPART J: FERTILIZER STORAGE AND HANDLING UNITS

Section
616.621 Applicability

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

616.622 Prohibitions
616.623 Groundwater Monitoring
616.624 Design and Operating Requirements
616.625 Closure and Post-Closure Care

SUBPART K: ROAD OIL STORAGE AND HANDLING UNITS

Section
616.701 Applicability
616.702 Prohibitions
616.703 Groundwater Monitoring
616.704 Design and Operating Requirements for Above-Ground Storage Tanks
616.705 Closure

SUBPART L: DE-ICING AGENT STORAGE AND HANDLING UNITS

Section
616.721 Applicability
616.722 Prohibitions
616.723 Groundwater Monitoring
616.724 Design and Operating Requirements for Indoor Storage Facilities
616.725 Closure

AUTHORITY: Implementing Sections 5, 14.4, 21, and 22, and authorized by Section 27 of the Environmental Protection Act (Ill. Rev. Stat. 19~~89~~91, ch. 111 1/2, pars. 1005, 1014.4, 1021, 1022, and 1027).

SOURCE: Adopted in R89-5 at 16 Ill. Reg. 1592, effective January 10, 1992; amended in R89-14(C) at 16 Ill. Reg. 14676, effective September 11, 1992

NOTE: Capitalization denotes statutory language.

SUBPART A: GENERAL

Section 616.104 Exceptions to Prohibitions

a) THE OWNER OF A NEW POTENTIAL PRIMARY SOURCE OR A POTENTIAL SECONDARY SOURCE MAY SECURE A WAIVER FROM THE prohibitions specified in Sections 616.402(a), 616.422(a), 616.442, 616.462(a), 616.602, 616.622, 616.702 or 616.722(a) against construction or operation

within the setback zone FOR A POTABLE WATER SUPPLY WELL OTHER THAN A COMMUNITY WATER SUPPLY. A WRITTEN REQUEST FOR A WAIVER SHALL BE MADE TO THE OWNER OF THE WATER WELL AND THE AGENCY. SUCH REQUEST SHALL IDENTIFY THE NEW OR PROPOSED POTENTIAL SOURCE, SHALL GENERALLY DESCRIBE THE POSSIBLE EFFECT OF SUCH POTENTIAL SOURCE UPON THE WATER WELL AND ANY APPLICABLE TECHNOLOGY-BASED CONTROL WHICH WILL BE UTILIZED TO MINIMIZE THE POTENTIAL FOR CONTAMINATION, AND SHALL STATE WHETHER, AND UNDER WHAT CONDITIONS, THE REQUESTOR WILL PROVIDE AN ALTERNATIVE POTABLE WATER SUPPLY. WAIVER MAY BE GRANTED BY THE OWNER OF THE WATER WELL NO LESS THAN 90 DAYS AFTER RECEIPT UNLESS PRIOR TO SUCH TIME THE AGENCY NOTIFIES THE WELL OWNER THAT IT DOES NOT CONCUR WITH THE REQUEST. (Section 14.2(b) of the Act)

b) THE AGENCY SHALL NOT CONCUR WITH ANY SUCH REQUEST WHICH FAILS TO ACCURATELY DESCRIBE REASONABLY FORESEEABLE EFFECTS OF THE POTENTIAL SOURCE OR POTENTIAL ROUTE UPON THE WATER WELL OR ANY APPLICABLE TECHNOLOGY-BASED CONTROLS. SUCH NOTIFICATION BY THE AGENCY SHALL BE IN WRITING, AND SHALL INCLUDE A STATEMENT OF REASONS FOR THE NONCONCURRENCE. WAIVER OF THE MINIMUM SETBACK ZONE SHALL EXTINGUISH THE WATER WELL OWNER'S RIGHTS UNDER SECTION 6b OF THE ILLINOIS WATER WELL CONSTRUCTION CODE BUT SHALL NOT PRECLUDE ENFORCEMENT OF ANY LAW REGARDING WATER POLLUTION. IF THE OWNER OF THE WATER WELL HAS NOT GRANTED A WAIVER WITHIN 120 DAYS AFTER RECEIPT OF THE REQUEST OR THE AGENCY HAS NOTIFIED THE OWNER THAT IT DOES NOT CONCUR WITH THE REQUEST, THE OWNER OF A POTENTIAL SOURCE OR POTENTIAL ROUTE MAY FILE A PETITION FOR AN EXCEPTION WITH THE BOARD AND THE AGENCY PURSUANT TO subsection (b) OF THIS SECTION. (Section 14.2(b) of the Act)

c) NO WAIVER UNDER THIS SECTION IS REQUIRED WHERE THE POTABLE WATER SUPPLY WELL IS PART OF A PRIVATE WATER SYSTEM AS DEFINED IN THE ILLINOIS GROUNDWATER PROTECTION ACT, AND THE OWNER OF SUCH WELL WILL ALSO BE THE OWNER OF A NEW POTENTIAL SECONDARY SOURCE OR A POTENTIAL ROUTE. IN SUCH INSTANCES, A PROHIBITION OF 75 FEET SHALL APPLY AND THE OWNER SHALL NOTIFY THE AGENCY OF THE INTENDED ACTION SO THAT THE AGENCY MAY PROVIDE INFORMATION REGARDING THE POTENTIAL HAZARDS ASSOCIATED WITH LOCATION OF A POTENTIAL SECONDARY SOURCE OR POTENTIAL ROUTE IN CLOSE PROXIMITY TO A

POTABLE WATER SUPPLY WELL. (Section 14.2(b) of the Act)

d) THE BOARD MAY GRANT AN EXCEPTION FROM THE SETBACK REQUIREMENTS OF THIS SECTION AND SECTION 14.3 TO THE OWNER OF A NEW POTENTIAL PRIMARY SOURCE OTHER THAN LANDFILLING OR LAND TREATING, OR A NEW POTENTIAL SECONDARY SOURCE. THE OWNER SEEKING AN EXCEPTION WITH RESPECT TO A COMMUNITY WATER SUPPLY WELL SHALL FILE A PETITION WITH THE BOARD AND THE AGENCY. THE OWNER SEEKING AN EXCEPTION WITH RESPECT TO A POTABLE WATER SUPPLY WELL SHALL FILE A PETITION WITH THE BOARD AND THE AGENCY, AND SET FORTH THEREIN THE CIRCUMSTANCES UNDER WHICH A WAIVER HAS BEEN SOUGHT BUT NOT OBTAINED PURSUANT TO subsection (a) OF THIS SECTION. A PETITION SHALL BE ACCOMPANIED BY PROOF THAT THE OWNER OF EACH POTABLE WATER SUPPLY WELL FOR WHICH SETBACK REQUIREMENTS WOULD BE AFFECTED BY THE REQUESTED EXCEPTION HAS BEEN NOTIFIED AND BEEN PROVIDED WITH A COPY OF THE PETITION. A PETITION SHALL SET FORTH SUCH FACTS AS MAY BE REQUIRED TO SUPPORT AN EXCEPTION, INCLUDING A GENERAL DESCRIPTION OF THE POTENTIAL IMPACTS OF SUCH POTENTIAL SOURCE OR POTENTIAL ROUTE UPON GROUNDWATERS AND THE AFFECTED WATER WELL, AND AN EXPLANATION OF THE APPLICABLE TECHNOLOGY-BASED CONTROLS WHICH WILL BE UTILIZED TO MINIMIZE THE POTENTIAL FOR CONTAMINATION OF THE POTABLE WATER SUPPLY WELL. (Section 14.2(c) of the Act)

e) THE BOARD SHALL GRANT AN EXCEPTION, WHENEVER IT IS FOUND UPON PRESENTATION OF ADEQUATE PROOF, THAT COMPLIANCE WITH THE SETBACK REQUIREMENTS OF THIS SECTION WOULD POSE AN ARBITRARY AND UNREASONABLE HARDSHIP UPON THE PETITIONER, THAT THE PETITIONER WILL UTILIZE THE BEST AVAILABLE TECHNOLOGY CONTROLS ECONOMICALLY ACHIEVABLE TO MINIMIZE THE LIKELIHOOD OF CONTAMINATION OF THE POTABLE WATER SUPPLY WELL, THAT THE MAXIMUM FEASIBLE ALTERNATIVE SETBACK WILL BE UTILIZED, AND THAT THE LOCATION OF SUCH POTENTIAL SOURCE OR POTENTIAL ROUTE WILL NOT CONSTITUTE A SIGNIFICANT HAZARD TO THE POTABLE WATER SUPPLY WELL. (Section 14.2(c) of the Act)

f) A DECISION MADE BY THE BOARD PURSUANT TO THIS SUBSECTION SHALL CONSTITUTE A FINAL DETERMINATION. (Section 14.2(c) of the Act)

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

g) THE GRANTING OF AN EXCEPTION BY THE BOARD SHALL NOT EXTINGUISH THE WATER WELL OWNER'S RIGHTS UNDER SECTION 6b OF THE ILLINOIS WATER WELL CONSTRUCTION CODE IN INSTANCES WHERE THE OWNER HAS ELECTED NOT TO PROVIDE A WAIVER PURSUANT TO subsection (a) OF THIS SECTION. (Section 14.2(a) of the Act)

(Source: Amended at 16 Ill. Reg. 14676, effective September 11, 1992)

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Water Use Designations and Site Specific Water Quality Standards

2) Code Citation: 35 Ill. Adm. Code 303

3) Section Numbers: Adopted Action:

303.203 Amended

4) Statutory Authority: Implementing Section 13 and authorized by Section 27 of the Environmental Protection Act. (Ill. Rev. Stat. 1991, ch. 111½, pars. 1013 and 1027).

5) Effective Date of Rule: September 10, 1992

6) Does this rulemaking contain an automatic repeal date?: No

7) Does this amendment contain incorporations by reference? No.

8) Date filed in Board's Principal Office: September 3, 1992

9) Notice of Proposal Published in Illinois Register:

16 Ill. Reg. 7302, May 8, 1992

10) Has JCAR issued a Statement of Objection to these rules? No

11) Differences between proposal and final version:

Minor nonsubstantive changes were made at the suggestion of the Administrative Code Division.

12) Have all the changes agreed upon by the Board and JCAR been made as indicated in the agreement letter issued by JCAR? No agreements were necessary.

13) Will this Rule replace an emergency Rule currently in effect? No

14) Are there any other amendments pending on this Part? No.

15) Summary and Purpose of Rule:

A complete description is contained in the Board's Opinion and Order of September 3, 1992, in docket R89-14(C), which is available from the Pollution Control

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

Board, 100 W. Randolph St., Suite 11-500, Chicago IL 60601, (312) 814-3620. The Board received public comments which suggested a major change in lieu of the amendments previously proposed in this docket at 15 Ill. Reg. 17026 (December 2, 1991). Therefore, the Board believed that a return to first notice and withdrawal of the previously proposed amendments was necessary. This has been accomplished, and today's amendments delete the applicability of 35 Ill. Adm. Code 302.Subparts B and C to underground waters, except as provided in 35 Ill. Adm. Code 620.450(b).

16) Information and questions regarding these adopted amendments shall be directed to:

Michelle C. Dresdow
Illinois Pollution Control Board
P.O. Box 505
DeKalb, IL 60115
(815) 753-0947

The full text of the Adopted Rule begins on the next page:

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE C: WATER POLLUTION
CHAPTER I: POLLUTION CONTROL BOARD

PART 303
WATER USE DESIGNATIONS AND SITE SPECIFIC WATER QUALITY STANDARDS

SUBPART A: GENERAL PROVISIONS

Section
303.100 Scope and Applicability
303.101 Multiple Designations
303.102 Rulemaking Required

SUBPART B: NONSPECIFIC WATER USED DESIGNATIONS

Section
303.200 Scope and Applicability
303.201 General Use Waters
303.202 Public and Food Processing Water Supplies
303.203 Underground Waters
303.204 Secondary Contact and Indigenous Aquatic Life Waters

SUBPART C: SPECIFIC USE DESIGNATIONS AND SITE SPECIFIC WATER QUALITY STANDARDS

Section
303.300 Scope and Applicability
303.301 Organization
303.311 Ohio River Temperature
303.312 Waters Receiving Fluorspar Mine Drainage
303.321 Wabash River Temperature
303.322 Unnamed Tributary of the Vermilion River
303.323 Sugar Creek and Its Unnamed Tributary
303.331 Mississippi River North Temperature
303.341 Mississippi River North Central Temperature
303.351 Mississippi River South Central Temperature
303.352 Unnamed Tributary of Wood River Creek
303.353 Shoenberger Creek; Unnamed Tributary of Cahokia Canal
303.361 Mississippi River South Temperature
303.430 Unnamed Tributary to Dutch Creek
303.431 Long Point Slough and Its Unnamed Tributary
303.441 Secondary Contact Waters
303.442 Waters Not Designated for Public Water Supply
303.443 Lake Michigan

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

SUBPART D: THERMAL DISCHARGES

Section
303.500 Scope and Applicability
303.502 Lake Sangchris Thermal Discharges

303.Appendix A References to Previous Rules
303.Appendix B Sources of Codified Sections

AUTHORITY: Implementing Section 13 and authorized by Section 27 of the Environmental Protection Act (Ill. Rev. Stat. 19~~87~~91, ch. 111 1/2, pars. 1013 and 1027).

SOURCE: Filed with the Secretary of State January 1, 1978; amended at 2 Ill. Reg. 27, p. 221, effective July 5, 1978; amended at 3 Ill. Reg. 20, p. 95, effective May 17, 1979; amended at 5 Ill. Reg. 11592, effective October 19, 1981; codified at 6 Ill. Reg. 7818; amended at 6 Ill. Reg. 11161, effective September 7, 1982; amended at 7 Ill. Reg. 8111, effective June 23, 1983; amended in R87-27 at 12 Ill. Reg. 9917, effective May 27, 1988; amended in R87-2 at 13 Ill. Reg. 15649, effective September 22, 1989; amended in R87-36 at 14 Ill. Reg. 9460, effective May 31, 1990; amended in R86-14 at 14 Ill. Reg. 20724, effective December 18, 1990; amended in R89-14(C) at 16 Ill. Reg. 14684, effective September 10, 1992.

Section 303.203 Underground Waters

35 Ill. Adm. Code 302.Subparts B and C do not apply to underground waters, except as provided at 35 Ill. Adm. Code 620.450(b)~~The underground waters of Illinois which are a present or a potential source of water for public or food processing supply shall meet the general use and public and food processing water supply standards of Subparts B and C, Part 302, except due to natural causes~~.

(Source: Amended at 16 Ill. Reg. 14684, effective September 10, 1992)

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NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Bingo License and Tax Act

2) Code Citation: 86 Ill. Adm. Code 430

3) Section Numbers: Adopted Action:

Section Numbers	Adopted Action
430.110	Amendment
430.125	New Section
430.160	Amendment

4) Statutory Authority: Ill. Rev. Stat. 1991, ch. 120, pars. 1101 et seq.

5) Effective Date of Amendment(s): September 14, 1992

6) Does this rulemaking contain an automatic repeal date? No

7) Does this amendment contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: September 14, 1992

9) Notice of Proposal Published in Illinois Register:

April 24, 1992, 16 Ill. Reg. 6762

10) Has JCAR issued a Statement of Objections to these Amendments? No

11) Differences between proposal and final version: Pursuant to the request of the Joint Committee on Administrative Rules, the following changes were made:

1. Changed the Ill. Rev. Stat. edition to "1991" throughout the rulemaking.

2. In Subsection 430.110(e), changed "conducive for" to "conducive to".

3. In Subsection 430.125(a)(7), deleted the words "at any time".

4. In Subsection 430.125(a)(1)(4), changed "Section 1(7)(a-f) of the Act" to "Section 1(8)(a-f) of the Act".

5. In Subsection 430.125(a)(9), changed "All" to "No"; deleted the words "by regulation" and deleted the words "do not".

6. In Subsection 430.125(b)(3), changed the word "citizens" to "citizens'".

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7. In Subsection 430.125(c), after the word "Games", inserted the words "P.O. Box 19480, Springfield, IL . 62794".

8. At the end of Section 430.125, changed "Amended" to "Added".

9. In Subsection 430.160(d)(2), changed "PTA, qualifying" to "PTA or qualifying".

10. In Subsections 430.110(b)(2)(B) and 430.160(e)(2), changed "par." to "~~par.~~ pars."

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this amendment replace an emergency amendment currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendment(s): Section 430.110 is being amended to include the provisions of Public Act 87-220. Public Act 87-220 provides that if an organization licensed under the Bingo License and Tax Act is associated with a school or other educational institution, that school may reduce tuition and fees for a designated pupil based on participation in the management or operation of a bingo game by any member of the organization.

Public Act 87-220 also states that a licensee which cancels a day of bingo because of inclement weather may, after giving notice to the Department, conduct bingo on an additional date that falls on a day of the week other than the day authorized under the license. This provision is the basis for amendment of Section 430.160.

Section 430.125 is a new section which is added because of the provisions of Public Act 87-758, which provides that the Department may issue a restricted license to a senior citizens organization to conduct bingo at a senior citizens facility owned by a unit of local government or in public housing for the elderly and handicapped.

16) Information and questions regarding this adopted amendment shall be directed to:

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Stanley T. Cichowski
Manager
Illinois Department of Revenue
Legal Services Bureau
101 West Jefferson
Springfield, Illinois 62794
Phone: (217) 782-7054

The full text of the Adopted Amendment begins on the next page:

DEPARTMENT OF REVENUE

NOTICE OF ADOPTED AMENDMENT(S)

TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUE

PART 430
BINGO LICENSE AND TAX ACT

Section
430.100 Definitions
430.110 Regular Licenses
430.120 Limited Licenses
430.125 Senior Citizens Restricted Licenses
430.130 Suppliers Licenses
430.140 Providers Licenses
430.150 Ineligibility for License
430.160 Restrictions and Limitations on the Conducting of Bingo
430.170 Imposition of Tax; Returns
430.180 Records; Audits
430.190 Denial, Suspension, or Revocation of Licenses
430.200 Civil Penalties

AUTHORITY: Implementing and authorized by the Bingo License and Tax Act (Ill. Rev. Stat. 1991, ch. 120, pars. 1101 et seq.).

SOURCE: Adopted August 31, 1971; amended at 2 Ill. Reg. 41, p. 154, effective July 22, 1978; amended at 3 Ill. Reg. 18, p. 219, effective May 4, 1979; amended at 4 Ill. Reg. 38, p. 213, effective September 8, 1980; emergency amendment at 6 Ill. Reg. 9012, effective July 23, 1982, for a maximum of 150 days; codified at 6 Ill. Reg. 14688; rules repealed, new rules adopted at 7 Ill. Reg. 6100, effective June 1, 1983; amended at 15 Ill. Reg. 10944, effective July 10, 1991; amended at 16 Ill. Reg. 14688, effective September 14, 1992.

Section 430.110 Regular Licenses

a) Eligibility. To be eligible for a regular license an organization must have been organized in Illinois, and during the entire five year period preceding application must have had a bona fide membership engaged in carrying out its objects. *However, the five year requirement shall be reduced to two years if the Illinois organization is affiliated with and chartered by a national organization which meets the five year requirement.* To be "chartered" by a national organization, an Illinois organization must have a document issued by the national organization formally authorizing the establishment of the Illinois organization. *The organization must be conducted on a not-for-profit basis with no personal profit inuring to anyone as a result of the operation.* In addition, the organization must fall within one of the following categories:

1) *Charitable Organization: an organization organized and operated to benefit an indefinite number of the public;*

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2) *Educational Organization: an organization organized and operated to provide systematic instruction in useful branches of learning by methods common to schools and institutions of learning which compare favorably in their scope and intensity with the course of study presented in tax supported schools.* Public schools and school districts are not eligible for regular licenses;

3) *Religious Organization: any church, congregation, society, or organization founded for the purpose of religious worship;*

4) *Fraternal Organization: an organization of persons, including ethnic organizations, having a common interest, organized and operated exclusively to promote the welfare of its members and to benefit the general public on a continuing and consistent basis;*

5) *Veterans Organization: an organization comprised of members of which substantially all are individuals who are veterans or spouses, widows, or widowers of veterans, the primary purpose of which is to promote the welfare of its members and to provide assistance to the general public in such a way as to confer a public benefit;*

6) *Labor Organization: an organization composed of labor unions or workers organized with the objective of betterment of the conditions of those engaged in such ~~pruuit~~ pursuit and the development of a higher degree of efficiency in their respective occupations;*

7) *Youth Athletic Organization: an organization having as its exclusive purpose the promotion and provision of athletic activities for youth aged 18 and under.* Marching bands and drum and bugle corps are considered to be promoting and providing athletic activities. A youth athletic organization otherwise eligible for a regular license does not lose its eligibility because youths served by the organization become nineteen while participating in an athletic activity within a season of definite duration;

8) *Senior Citizens Organization: an organization or association comprised of members of which substantially all are individuals who are 55 years of age or older, or who are nearing the age of 55 and for whom opportunities for employment and participation in community life are unavailable or severely limited and who, as a result thereof, have difficulty in maintaining self-sufficiency and contributing to the life of the community. The primary purpose of the organization must be the promotion of the welfare of its members.*

b) Applications. Application for a regular license must be made on the form prescribed by the Department, and must be accompanied by a license fee of $200 in the form of a certified check or money order payable to the Illinois Department of Revenue. The Department will not consider applications which are not substantially complete, or which are not accompanied by the information described below.

1) Renewal applications. An application for renewal of a current regular license must be accompanied by the following information:

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A) A report, on a form provided by the Department or on a reasonable facsimile thereof, which contains the same information requested on the Department's form, accounting for the disposition of the gross proceeds derived from bingo during the period covered by the report. (See Section 430.180(a));

B) The names of the members of the organization and the auxiliary organization (substantially all of whose members are spouses of members of the sponsoring organization) who will be workers at the bingo sessions (other than the "Operators" whose names are shown on the application form). A presiding officer or operator of the organization must certify that the listed members have belonged to the organization for at least 30 days prior to participation in the organization's bingo sessions;

C) Any other information requested by the Department which is necessary to establish the continued eligibility of the organization for a regular license.

2) New applications. An organization applying for a regular license for the first time, or an organization which has held a regular license that expired prior to the receipt by the Department of a substantially complete application for renewal of the license, must submit the following information in addition to the completed application form;:

A) Documentary evidence sufficient to show that the organization meets the eligibility requirements of subsection (a) above. Such documentation (by-laws, constitution, charter, minutes of past meetings, promotional material, and Articles of Incorporation) should prove that the organization has been carrying out its objectives for the 5 years preceding application;

B) A copy of the letter or any other document issued to the organization by the Attorney General showing that the organization has registered, or is exempt from registration, under the Solicitation for Charity Act ~~"An Act to regulate solicitation and collection of funds for charitable purposes, providing for violations thereof, and making an appropriation therefor"~~. (Ill. Rev. Stat. ~~1989~~ 1991, ch. 23, ~~par.~~ pars. 5101 et seq.);

C) The names of the members of the organization and the auxiliary organization (substantially all of whose members are spouses of members of the sponsoring organization) who will be workers at the bingo sessions (other than the "Operators" whose names are shown on the application form). A presiding officer or operator of the organization must certify that the listed members have belonged to the organization for at least 30 days prior to participation in the organization's bingo sessions;

D) Any other information requested by the Department which is necessary to establish the eligibility of the organization for a regular license;

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E) The application must also be accompanied by a bond equal to the applicant's anticipated average quarterly tax liability, as described in Section 430.170 below. The bond may be a bond from a surety company or may be a bank certificate of deposit made payable to the Director of the Department. The bond may also be a personal surety bond signed by two personal sureties who have filed, with the Department, sworn statements disclosing net assets equal to at least three times the amount of the bond to be required of such applicant. The Department will require an additional bond whenever the bond already posted does not cover the licensee's average quarterly tax liability, or if in the Department's judgment the amount of bond or other security is not sufficient to protect the State against failure to pay the amount which may become due from the licensee. In determining whether to require the furnishing of additional bond or other security by a licensee, the Department will consider payment history, general financial condition, and any other factors which reasonably indicate increased risk of nonpayment of the licensee's tax liability.

c) Each regular license shall be valid for one year from its date of issuance. It is the policy of the Department to mail a renewal application to each regular licensee at least 30 days prior to the expiration of the license. However, failure to receive a renewal application does not excuse a licensee of its obligation to submit a substantially complete renewal application prior to the expiration of its current license. If the licensee fails to file a substantially complete renewal application prior to the expiration of its license, it must cease bingo activities until a renewal license is issued.

d) Special operator's permits (special permits). A regular license entitles the licensee to obtain up to two special permits each license year. A special permit authorizes the licensee to conduct one session per day for up to seven consecutive days on premises other than those used by the organization for bingo under its regular license. A licensee may conduct bingo at the Illinois State Fair or any county fair held in Illinois during each day that the fair is in effect. Such bingo games therein conducted shall not require a special operator's permit.

The licensee must, however, notify the Department in writing 30 days before the desired starting date of the days the bingo will be conducted and the location.

1) To apply for a special permit a licensee must submit a request for the permit, in writing, to the Illinois Department of Revenue, Office of Bingo and Charitable Games, Post Office Box 19480, Springfield, Illinois 62794. The request must state the proposed date(s), beginning and ending times, and location of the sessions to be played under the special permit. If the person or

organization providing the premises for bingo under the special permit has a provider's license issued by the Department, the provider's license number must be included in the request, and a copy of any lease or rental agreement must accompany the request.

2) Requests for special permits should be received by the Department at least 30 days before the desired starting date for the special permit. The Department will approve or deny such requests no later than one week prior to the desired starting date. Requests received by the Department less than 30 days before the desired starting date will be accepted, and the Department shall make every reasonable effort to approve or deny the request before the desired starting date, but in no case may any licensee conduct special bingo sessions without having in its possession a special permit issued by the Department, or without having been informed by the Department that the request has been approved.

3) An organization may not conduct bingo under both its regular license and a special permit on the same day.

e) A regular license authorizes the licensee to conduct bingo only at the location, on the day, and during the time period stated on the license. If a licensee wishes to change the location, day or time of its bingo, it may do so by requesting, in writing, an amended license. No additional fee will be charged for the first amended license in any one license year. Second and subsequent requests for changes in the location, day or time of bingo will be treated as applications for a new license, and must be accompanied by an application fee of $200. The Department will not permit a licensee to conduct bingo on any day other than the day stated on the license when the change is requested because a holiday falls on the day stated on the license. When inclement weather (weather which is not conducive to the conducting of games, e.g., blizzard, tornado warnings, severe thunderstorms) has caused a licensee to cancel a scheduled game, the game may be made up ~~Bingo sessions cancelled by the licensee for any reason, including inclement weather, may not be made up at a later date.~~ on a day of the week other than the day authorized by the license, if the licensee notifies the Department in advance of the rescheduled day. An officer of the licensee must notify the Department by telephone of the new date and time, as well as the reason for rescheduling, in advance of the rescheduled game. The same officer must then verify this information in a letter to the Department.

(Source: Amended at 16 Ill. Reg. 14688, effective September 14, 1992)

Section 430.125 Senior Citizens Restricted Licenses

a) Eligibility. *The Department shall issue restricted licenses to senior citizens organizations.* See Section 430.110 (a)(8) for a definition of "senior citizens." *The fee for a restricted license is $10 per year. Restricted licenses are subject to the following conditions:*

1) *Bingo shall be conducted only at a facility which is owned by a unit of local government to which the corporate authorities have given their approval and which is used to provide social services or a meeting place to senior citizens, or in common areas in multi-unit federally assisted rental housing maintained solely for the elderly and handicapped;*

2) *The price paid for a single card shall not exceed 5 cents;*

3) *The aggregate retail value of all prizes or merchandise awarded in any one game of bingo shall not exceed $1;*

4) *No person or organization shall participate in the management or operation of bingo under a restricted license if the person or organization would be ineligible for a license under Section 1 (8)(a-f) of the Act;*

5) *No license is required to provide premises for bingo conducted under a restricted license;*

6) Licenses must be renewed annually. Licensees will be notified in advance by the Department that the time for renewal is upcoming. Failure to receive a notice of renewal does not excuse a licensee of its obligation to submit a renewal application prior to the expiration of its current license. If the licensee fails to file a renewal application prior to the expiration of its license, it must cease bingo activities until a renewal license is issued;

7) Licensees must notify the Department in writing if there is a change in the information required by Section 430.125(b);

8) Licensees violating the provisions of this Section are subject to the provisions of Section 430.190 of this Part;

9) No other restrictions imposed in this Part apply to restricted licenses.

b) Applications. Organizations applying for a restricted license must submit the following to the Department:

1) A letter from an officer of the organization requesting issuance of a restricted license, containing the name and address of the organization, the location at which games will be conducted, and the name, address and telephone number of the person in the senior citizens organization who is responsible for organizing bingo games;

2) A $10 license fee;

3) A letter from the management of a facility described in Section 430.125 (a)(1) above, indicating that a senior citizens' organization desires to conduct bingo games at that facility, and certifying that the facility is one which meets the requirements of Section 430.125 (a)(1).

c) All application materials (Section 430.125(b)) shall be sent to the Illinois Department of Revenue, Office of Bingo and Charitable Games, P.O. Box 19480, Springfield IL 62794.

d) Confirmation. The Department shall review the application materials. If approved, a licensee shall be issued a license which should be displayed at the bingo site.

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(Source: Added at 16 Ill. Reg. 14688, effective September 14, 1992)

Section 430.160 Restrictions and Limitations on the Conducting of Bingo

The following restrictions and limitations on the conducting of bingo apply to any bingo session conducted by any licensed organization.

a) License

1) No organization may conduct bingo without having in its possession a valid license issued by the Department. No organization may continue to conduct bingo after the expiration date shown on its license unless the Department has received a substantially complete renewal application and the information required by subsections (b)(1)(A) and (B) of Section 430.110. An organization which violates the restriction in the preceding sentence, but which submits a substantially complete renewal application within 30 days after the expiration of its license, shall be penalized as provided in Section 430.190(c)(2). If the Department has received a substantially complete renewal application and accompanying information prior to the expiration of a regular license, but has not issued the renewed license as of the expiration date, the organization may continue to conduct bingo, and the organization's expired license shall continue in effect until the Department notifies the organization of the decision on the renewal application. If the Department approves the renewal application, the date of issuance of the renewed license shall be the date following the expiration date of the expired license. If the Department denies the renewal application, and the organization protests the Department's denial as provided in Section 430.190, the expired license shall continue in effect until the Department issues a final administrative decision on the protest, or until the protest is otherwise resolved.

2) *Every organization shall display its license in a prominent place in the area where it is to conduct bingo.* A bingo session may be conducted in two or more separate areas on the premises for which the license is issued. In such case the license shall be displayed in the area in which the person calling the numbers is located.

3) No license will be issued for any bingo session beginning less than two hours after the conclusion of a prior session conducted on the same premises. However, this restriction shall not apply to special permits or limited licenses to conduct bingo at the State Fair conducted by the Illinois Department of Agriculture pursuant to Section 5 of the State Fair Act (Ill. Rev. Stat. ~~1989~~ 1991, ch. 127, par. 1705) or at any county fair as that term is defined in Section 3 of the Agricultural Fair Act (Ill. Rev. Stat. ~~1989~~ 1991, ch. 85, par. 652).

b) Games. A bingo "game" consists of the calling of numbers from one to

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seventy-five, one at a time without replacement, until one or more winners are determined by the completion of one or more predetermined patterns of numbers on a bingo card.

1) An organization may not conduct more than 25 games during a bingo session, except organizations holding a special operator's permit or a limited license may, as one of the occasions allowed by such license or permit, conduct bingo for a maximum of 2 consecutive days, during each day of which the number of games may exceed 25. Further, the 25 game restriction shall not apply to bingo conducted at the Illinois State Fair or any county fair held in Illinois. The statutory monetary limit on the prizes is always applicable. A maximum of five games may be designated "special games". Special games are distinguished from regular games only by the maximum price that may be charged for the bingo cards used. The five special games limit shall not apply to Bingo conducted at the Illinois State Fair or any county fair held in Illinois.

2) Regular game cards may be sold for a maximum of one dollar apiece, and each regular card must be valid for all regular games in a bingo session. However an organization holding a special operator's permit or a limited license may, on one of the occasions allowed by such license or permit, sell regular game cards which need not be valid for all regular games. Special game cards may be sold for a maximum of 50 cents each.

3) To be "valid" for a game, a card must be eligible for the same prize as any other card used in that game, except that cards sold for different prices may be eligible for different prizes, provided that the ratios of the prices and prizes are equal. (Example: An organization sells regular cards for either one dollar or 50 cents. The prize for a bingo on a one dollar card may be twice as large as the prize for a bingo on a 50 cent card. Note: This restriction does not apply in cases where the difference in the price of cards is due to a volume discount, e.g. one card for a dollar or six cards for five dollars.)

c) Prizes.

1) *The aggregate retail value of all prizes or merchandise awarded in any bingo session may not exceed $2,250, except that in any adjoining counties having 200,000 to 275,000 inhabitants each, and in counties which are adjacent to either of such adjoining counties and are adjacent to a total of not more than 2 counties in this State, and in any municipality having 2,500 or more inhabitants and within one mile of such ajoining and adjacent counties having less than 25,000 inhabitants, 2 additional bingo games may be conducted and the value of all prizes awarded may not exceed $3,250 in a single day.* [Currently, Madison, Monroe and St. Clair counties, and the city of Red Bud, qualify for additional games.] *The prize awarded for any one game shall not exceed $500 cash or its equivalent.*

2) An organization holding a special operator's permit or a limited

license may, as one of the two annual occasions allowed by such permit or license, award only noncash prizes for which there is no monetary retail value limit imposed, provided that the retail value of noncash prizes for any single game shall not exceed $150. There is no minimum prize requirement.

3) The aggregate retail value of all merchandise, cash, or bingo cards awarded in any bingo session as door or attendance prizes may not exceed $500, and shall be considered part of the applicable maximum limit in prizes or merchandise that may be awarded in any bingo session. In games conducted pursuant to a special operator's permit or a limited license, and awarding only noncash prizes, the prize awarded for any one game may not exceed a retail value of $150. There is no minimum prize requirement.

d) Management and Operation of Bingo

1) *No person except a bona fide member of the licensed organization or a bona fide member of an auxiliary organization (substantially all of whose members are spouses of members of the sponsoring organization) may participate in the management or operation of the bingo session,* either as an operator or a worker. Participation in the management or operation of the bingo session includes selling cards, calling numbers, confirming and paying winners, and handling or counting the proceeds from the sale of cards while the session is in progress.

A) Operators are the persons directly responsible for managing and operating the game, filing returns and paying the tax, and who have signed the application for license or amended statement thereto. In addition, operators must have been bona fide members of the organization, or an auxiliary organization, for at least one year immediately preceding the dates upon which they are designated as operators. However, the presiding officer and secretary of the organization are deemed to be operators without regard to the length of their membership in the organization. No bingo session may be conducted unless an operator is present.

B) Workers are any persons, other than operators, participating in the management and operation of a bingo session. They must have been bona fide members of the organization, or an auxiliary organization, for at least 30 days prior to their participation in the management and operation of the bingo session. Their names must appear on the list of workers, or any amendments thereto, accompanying the organization's application, as provided in Sections 430.110 (b)(1)(B) and (b)(2)(C), and Section 430.120 (b).

2) *No person may receive any remuneration or profit for participating in the management or operation of the ~~a bingo~~ game ~~session.~~ except that if an organization licensed under this Act is associated with a school or other educational institution, that school or institution may reduce tuition or fees for a*

designated pupil based on participation in the management or operation of the game by any member of the organization. "Associated with" includes organizations which are organized and operated to promote the welfare of the school or educational institution (e.g., PTA or qualifying booster clubs). *The extent to which tuition and fees are reduced shall relate proportionately to the amount of time volunteered by the member, as determined by the school or other educational institution.* Meals for bingo workers on the day they participate in the management or operation of a bingo game ~~session~~ and an annual banquet or party for bingo workers do not constitute "remuneration or profit", provided that the per capita value of such meals or parties is not so great as to constitute a significant inducement to participate in the management or operation of the organization's bingo game ~~sessions~~.

3) No person may participate in the management or operation of the bingo sessions of more than two licensed organizations.

e) Illegal Gambling and Raffles

1) Unlicensed raffles or other forms of gambling prohibited by law shall not be conducted on the premises where bingo is being conducted. Illegal gambling includes, but is not limited to, gambling among those in attendance at the bingo session.

2) Bona fide raffles, including the selling of chances and the determining of winners, licensed pursuant to the Raffles Act ~~"An Act to provide for licensing and regulating certain games of chance and amending certain Acts herein named"~~ (Ill. Rev. Stat. ~~1989~~ 1991, ch. 85, ~~par.~~ pars. 2301 et seq.) may be conducted at bingo sessions. (Note that raffle licenses are issued by the governing bodies of counties and municipalities; the Department does not license raffles.) A "bona fide" raffle is defined as one in which, if the raffle is conducted entirely during a bingo session, the gross receipts from the sale of chances approximates the retail value of the prizes awarded, and the receipt or purchase of raffle chances or the determination of the raffle winners are in no way conditioned upon participation in the bingo session of any licensed organization, either as a player or as a worker.

3) Pull tabs and jar games conducted under the Illinois Pull Tabs and Jar Games Act may be conducted. Prizes awarded in these games shall not be included in the bingo prize limitation.

f) Miscellaneous Provisions

1) *The entire net proceeds from bingo must be exclusively devoted to the lawful purposes of the licensed organization.*

2) All advertising by a licensed organization regarding the conducting of its bingo sessions shall contain the name and bingo license number of the organization. Licensed organizations may not participate in joint advertising with other licensed organizations.

3) No admission fee may be charged for entrance onto premises on

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which bingo is to be conducted, nor may any minimum requirement be imposed as to the purchase of bingo cards.

4) *No person under the age of 18 years may play or participate in the conducting of bingo. Any person under the age of 18 years may be within the area where bingo is being played only when accompanied by his or her parent or guardian.*

5) No licensed organization shall purchase or lease any bingo supplies or equipment other than from a person or organization licensed under the Act.

6) *No licensee under the Act, while a bingo session is being conducted, shall knowingly permit the entry into any part of the premises by any person who has been convicted of a felony or a violation of Article 28 of the "Criminal Code of 1961".*

(Source: Amended at 16 Ill. Reg. 14688, effective September 14, 1992)

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1) Heading of the Part: Charitable Games Act

2) Code Citation: 86 Ill. Adm. Code 435

3) Section Numbers: Adopted Action:

435.120	Amendment
435.140	Amendment
435.160	Amendment

4) Statutory Authority: Ill. Rev. Stat. 1991, ch. 120, pars. 1121 et seq.

5) Effective Date of Amendment(s): September 14, 1992

6) Does this rulemaking contain an automatic repeal date? No

7) Does this amendment contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: September 14, 1992

9) Notice of Proposal Published in Illinois Register:

April 24, 1992, 16 Ill. Reg. 6777

10) Has JCAR issued a Statement of Objections to these Amendments? No

11) Differences between proposal and final version: Pursuant to the request of the Joint Committee on Administrative Rules, the following changes were made:

1. Updated the edition date of the Ill. Rev. Stat. to 1991 in the Authority Note and in Subsections 435.120(a)(1) and (b)(3).

2. In the second sentence of Subsection 435.120(c)(1), changed "the added" to "an added".

3. In Subsection 435.120(e), struck through the commas following "municipality" and "events".

4. At the end of Subsection 435.140(b), struck through the periods following "premises" and "Act" and inserted "," following "Act)".

5. In the last sentence of Subsection 435.140(c), deleted "or" before "has its principal office"; inserted a comma following "organized", and deleted the comma before "that premises".

6. In Subsection 435.140(d), inserted "provided both parties are in full compliance with all provisions of this Section." following

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"reasonable,"; and struck through "that" in the reinserted materials in (a) above.

7. In the second sentence of Subsection 435.140(e), struck through "; whether for compensation or not, or whether"; inserted "even if" following "(Section 5 of the Act)", and inserted ", and regardless of whether compensated" following "licensee".

8. In Subsection 435.160(a), struck through the commas following "and five card stud poker are card games"; after "Hoyles' Modern Encyclopedia of Card Games", and after "stated on the promotional display".

9. In the third sentence of Subsection 435.160(c), struck through the comma following "charitable games event".

10. In Subsection 435.160(g), inserted "," following "before and after".

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this amendment replace an emergency amendment currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendment(s): This rulemaking is necessitated by the provisions of Public Act 87-758. The provisions of Public Act 87-758 allow auxiliary organizations of veterans' organizations to be eligible for a license to conduct charitable games. Other provisions amend the Charitable Games Act to allow licensees to conduct games at a location other than the locations originally specified in the license by notifying the Department of the proposed alternate location at least 60 days before the night on which the licensee wishes to conduct games at the alternate location. The rules clarify the procedures for adding new event dates and changing event dates, locations (the new terms of Public Act 87-758) or times. Pursuant to the provisions of Public Act 87-758, the regulations contain provisions stating that a licensed organization may obtain a provider's license per Section 5 of the Charitable Games Act to allow it to rent or otherwise provide its premises to another licensee for the conducting of charitable games.

16) Information and questions regarding this adopted amendment shall be directed to:

DEPARTMENT OF REVENUE

NOTICE OF ADOPTED AMENDMENTS

Stanley T. Cichowski
Manager
Illinois Department of Revenue
Legal Services Bureau
101 West Jefferson
Springfield, Illinois 62794
Phone: (217) 782-7054

The full text of the Adopted Amendment begins on the next page:

TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUE

PART 435
CHARITABLE GAMES ACT

Section
435.100 Introduction
435.110 Definitions
435.120 Charitable Games Licenses
435.130 Supplier's Licenses
435.140 Provider's Licenses
435.150 Ineligibility for License
435.160 Operation of Charitable Games Events
435.170 Restrictions and Limitations on the Conducting of Charitable Games
435.180 Imposition of Tax, Returns
435.190 Records; Audits
435.200 Denial, Suspension, or Revocation of Licenses
435.210 Criminal and Civil Penalties
435.220 State-Local Relations

AUTHORITY: Implementing and authorized by the Charitable Games Act (Ill. Rev. Stat. 1991, ch. 120, pars. 1121 et seq.)

SOURCE: Emergency Rule adopted at 10 Ill. Reg. 15687, effective September 15, 1986, for a maximum of 150 days; adopted at 11 Ill. Reg. 3722, effective February 10, 1987; peremptory amendments at 11 Ill. Reg. 10702, effective May 26, 1987; amended at 15 Ill. Reg. 10966, effective July 10, 1991; amended at 16 Ill. Reg. 14702, effective September 14, 1992.

Section 435.120 Charitable Games Licenses

a) Eligibility. To be eligible for a charitable games license, an applying organization must have been organized in Illinois and must satisfy each of the following conditions of eligibility:

1) *The organization must be a charitable, religious, fraternal, veterans, labor, or educational organization or institution organized and conducted on a not-for-profit basis with no personal profit inuring to anyone as a result of the operation and which is exempt from federal income taxation under Section 501(c)(3), 501(c)(4), 501(c)(5), 501(c)(8), 501(c)(10), or 501(c)(19) of the Internal Revenue Code* (Section 2 of the Act), ~~or~~ a veterans' organization as defined in the Bingo License and Tax Act (Ill. Rev. Stat. ~~1989~~ 1991, ch. 120, par. 1101)~~.~~, *or an auxiliary of a veteran's organization*.

A) For an organization to be considered charitable for purposes of obtaining a charitable games license, its activities must benefit an indefinite number of persons; it must have no capital, capital stock, or shareholders; its funds must be derived mainly from private and public charity and be held in trust for the objects and purposes expressed in its charter; it must dispense charity to all who need and apply for it; and it must place no obstacles in the way of those seeking the benefits.

B) For an organization to be considered educational for purposes of obtaining a charitable games license, it must be organized and operated to provide systematic instruction in useful branches of learning by methods common to schools and institutions of learning which compare favorably in their scope and intensity with the course of study presented in tax-supported schools.

C) For an organization to be considered religious for purposes of obtaining a charitable games license, it must be a church, congregation, society, or organization founded for the purpose of religious worship.

D) For an organization to be considered fraternal for purposes of obtaining a charitable games license, it must be a civic, service or charitable organization, not for pecuniary profit, which is a branch, lodge or chapter of a national or State organization and exists for the common business, brotherhood, or other interest of its members. This does not include a college or high school fraternity or sorority.

E) For an organization to be considered labor for purposes of obtaining a charitable games license, it must be composed of labor unions or workers organized with the objective of betterment of the conditions of those engaged in such pursuit and the development of a higher degree of efficiency in their respective occupations.

F) For an organization to be considered a veteran's organization for purposes of obtaining a charitable games license, it must be comprised of members of which substantially all are individuals who are veterans or spouses, widows or widowers of veterans, the primary purpose of which is to promote the welfare of its members and to provide assistance to the general public in such a way as to confer a public benefit.

2) *The organization must have had a bona fide membership engaged in carrying out its objects for at least the entire five-year period immediately preceding application* (Section 3 of the Act). However, this five-year requirement shall not apply with regard to the following two types of organizations:

A) An organization which has had a bona fide membership engaged in carrying out its objectives for at least the entire two-year period immediately preceding application, and *which is affiliated with and chartered by a national organization which meets the five-year requirement* (Section 3 of the Act).

B) A charitable organization created by a fraternal

organization which meets the five-year requirement, and which has the same officers and directors as the fraternal organization. *"Fraternal Organization" means a civic, service or charitable organization in Illinois, except a college or high school fraternity or sorority, not for pecuniary profit, which is a branch, lodge or chapter of a national or Illinois organization and exists for the common business, brotherhood, or other interest of its members* (Section 3 of the Act).

3) *Auxiliary organizations of a licensee shall not be eligible for a license to conduct charitable games, except for auxiliary organizations of veterans organizations* (Section 4 of the Act). An "auxiliary organization" is one which exists to assist or support an affiliated organization.

b) Applications. Application for a charitable games license must be made on the forms prescribed by the Department, and must be accompanied by a license fee of $200 in the form of a certified check or money order payable to the Illinois Department of Revenue. The Department will not consider applications which are not complete~~,~~ or which are not accompanied by the information described below~~, or which are received less than 30 days before a charitable games event scheduled by the applicant~~. *Each license must be applied for at least 30 days prior to the event at which the licensee wishes to conduct such games* (Section 3). *Any willful misstatements contained in an application constitute perjury* (Section 4 of the Act). An organization applying for a charitable games license must submit the following information in addition to the completed application form:

1) Documentary evidence sufficient to show that the organization meets the eligibility requirements of subsection (a) above. Such documentation must include, when applicable, a copy of the organization's by-laws, constitution, charter, minutes of past meetings, promotional materials, and Articles of Incorporation;

2) A copy of the letter or any other document issued to the organization by the Internal Revenue Service showing that the organization is currently exempt from federal income taxation under Section 501(c)(3), 501(c)(4), 501(c)(5), 501(c)(8), 501(c)(10) or 501(c)(19) of the Internal Revenue Code;

3) A copy of the letter or any other document issued to the organization by the Attorney General of Illinois showing that the organization has registered, or is exempt from registration, under the Solicitation for Charity Act ~~"AN ACT to regulate solicitation and collection of funds for charitable purposes, providing for violations thereof, and making an appropriation therefor"~~ (Ill. Rev. Stat. ~~1989~~ 1991, ch. 23, par. 5101 et seq.);

4) Information, on the form for that purpose, supplied by the Department or on additional sheets attached to the form, concerning all of the members, volunteers, and employees of the organization who will participate in the management or operation of the charitable games events to be conducted under the license.

If, from the information provided, the Department cannot determine with reasonable certainty that a member, volunteer, or employee does not have a criminal record which would make the organization ineligible for a license under Section 435.150, the Department will require such member, volunteer or employee to submit to fingerprinting in order to make a more certain determination as to the lack of a criminal history of the member, volunteer, or employee. Information concerning additional members, volunteers, and employees may be submitted at any time; however, such members, volunteers, and employees may not participate in the management or operation of any charitable games event unless the information required above is received by the Department at least 14 days before the event.

5) If the organization will be using charitable games equipment which it owns, it must include with its application for a charitable games license an application for a charitable games equipment ownership permit. The application for such permit must be on the form prescribed by the Department, and must be accompanied by an application fee of $50 in the form of a certified check or money order payable to the Illinois Department of Revenue. On the permit application, the organization must list all charitable games equipment it owns and certify that all such equipment has the name of the organization permanently affixed thereto in a clearly visible location. Such permits shall be valid indefinitely provided that each time the organization renews its charitable games license it provides the Department with an inventory of all charitable games equipment it owns. An organization holding a charitable games equipment ownership permit *may lend such equipment without compensation to other licensed organizations without applying for a supplier's license* (Section 6 of the Act);

6) A diagram of the area(s) where the charitable games are to be played, showing the approximate location of each game, the location at which chips will be sold and redeemed (the bank), and the location of all doorways entering into the area(s);

7) If the organization will not be conducting its charitable games event(s) on premises which it owns, or at which it has its principal office or conducts activities for which it is organized, the organization must submit with its application a copy of a written, signed lease with the person or organization holding the license to provide the premises on which the charitable games event(s) will be conducted. No charitable games license will be issued for any date(s) not expressly stated in such lease;

8) Any other information requested by the Department which is necessary to establish the eligibility of the organization for a charitable games license;

9) A report on a form provided by the Department accounting for the disposition of the gross charitable games proceeds for the

organization's most recent license year.

c) Licenses. *A licensee may hold only one charitable games license* ~~and that license is valid for only one location in counties with 60,000 or more inhabitants and up to 2 locations in counties with fewer than 60,000 inhabitants~~ (Section 3 of the Act)~~:~~. A charitable games license will be issued for as many as ~~from one to~~ four dates during a license year. These dates may be consecutive, or separate, or some combination thereof. The license must state at what location each game will be conducted. ~~Although applicants are not required to list four dates on the application, charitable games licenses which are issued for fewer than four dates may only be amended during the license year to add additional dates with thirty days notice prior to an event, and the payment of a $50 application fee. No amendment will be allowed to change dates of an event previously submitted. Similarly, once a license is issued for a specified location and date (or dates), the location and date (or dates) may not be amended during the license year, except that it, for reasons beyond the control of the licensee, it becomes impossible to conduct an event on a day for which the license is issued, the event may be rescheduled for another date during the license year. Note that this means that any organization wishing to conduct more than one charitable games event in a twelve month period must state the dates for all such events on its application. No charitable games license will be issued for any date less than 30 days after the day the Department receives the application. No license will be issued unless and until the applicant has provided all information required by the Act and this Part to the Department.~~

1) Addition of new event dates. Although applicants are not required to list four dates on the application, charitable games licenses which are issued for fewer than four dates must be amended to add additional dates. The Department must receive written notice of an added date at least 30 days in advance of such date.

2) Changes in established event dates, locations or times. In cases of changed dates, locations or times, an officer of the organization must notify the Department in writing at least 60 days in advance of the rescheduled event.

3) Any amendment to a license, including a change in date(s), time(s) or location(s), including the addition of new event dates, is subject to a $50 amendment fee.

d) Upon receipt of a charitable games license *the licensee shall file a copy of the license with* ~~the~~ *each police department or, if in an unincorporated area,* ~~the~~ *each sheriff's office whose jurisdiction includes the premises on which the charitable games events are authorized under the license* (Section 4 of the Act).

e) The Department will not issue a charitable games license for an event to be held in a municipality~~,~~ if the municipality or county has adopted an ordinance prohibiting such events~~,~~ and has filed a copy of the ordinance with the Department.

(Source: Amended at 16 Ill. Reg. 14702, effective September 14, 1992)

Section 435.140 Provider's Licenses

a) Except as provided in subsection (c) below, the person or organization owning, leasing, or controlling premises upon which any charitable games event is to be conducted must first obtain a license to provide the premises for the charitable games event. As used in this Section "premises" means a distinct parcel of land and the buildings thereon.

b) Application for a provider's license must be made on the form provided by the Department, and must be accompanied by a license fee of $50 in the form of a certified check or money order payable to the Illinois Department of Revenue. If, from the information provided on the application, the Department cannot determine with reasonable certainty that a person whose name appears on the application in a capacity described in Section 435.150 (a) (5) or (6) does not have a criminal record which would make the applicant ineligible for the license, the Department will require such person to submit to fingerprinting in order to make a more certain determination as to the lack of a criminal history of such person. If the owner of the premises is a trust, the owner must disclose the names of all trust beneficiaries. Each provider's license is valid for one year from its date of issuance. During that year, no more than four charitable games events may be conducted on the licensed premises, *except that, in a county with fewer than 60,000 inhabitants, a provider may rent or provide such premises for up to eight days in a 12-month period upon a showing that there is no other location suitable for the conduct of charitable games within 5 miles of such premises*~~;~~ (Section 4 of the Act~~:~~).

c) If an organization has a license to conduct a charitable games event on premises which it owns, or at which it has its principal office or conducts activities for which it was organized, no provider's license is necessary. *In addition, such licensee may obtain a provider's license in accordance with Section 5 to allow it to rent or otherwise provide its premises to another licensee for the conducting of charitable games* (Section ~~5~~.1 of the Act). However, no premises may be used for the conduct of more than eight (8) games per year, even if one or more licensed organization owns, conducts activities for which it was organized in, or has its principal office in, that premises.

d) *A provider may receive reasonable compensation for the provision of the premises. The compensation shall not be based upon a percentage of the gross proceeds from the charitable games* (Section 5 of the Act). Any arms-length agreement as to rent between a provider and a charitable games licensee shall be presumed to be reasonable, provided ~~that~~ both parties are in full compliance with all provisions of this Section.

e) *A provider shall not have any interest in any supplier's business, either direct or indirect. No employee or owner of a provider may participate in the management or operation of a charitable games event*

(Section 5 of the Act), ~~whether for compensation or not, or whether~~ even if the employee is also a member, volunteer or employee of the charitable games licensee, and regardless of whether compensated. The provider's books and records relating to the provision of premises for charitable games events shall be maintained for a period of three years after the expiration of any license issued pursuant to this Section, and shall be available for inspection by agents or employees of the Department during reasonable business hours.

f) A provider may not promote or solicit a charitable games event on behalf of a charitable games licensee.

(Source: Amended at 16 Ill. Reg. 14702, effective September 14, 1992)

Section 435.160 Operation of Charitable Games Events

a) *Only the following games may be conducted at a charitable games event: roulette, blackjack, poker, pull tabs, craps, bang, beat the dealer, big six, gin rummy, five card stud poker, chuck-a-luck, keno, hold-em poker, and merchandise wheel. A licensee need not conduct every game permitted. The licensee shall promulgate rules, and make printed copies available to participants, for the games conducted at the charitable games event* (Section 8 of the Act). However, the games, as played at a charitable games event, must be recognizable from the following general descriptions of these games: Craps, bang, beat the dealer, and chuck-a-luck are dice games. "Craps" involves players rolling a pair of dice in an effort to throw certain combinations of numbers paying various odds. Several rolls may be necessary to determine whether a player has won or lost. "Bang" is similar to craps but with fewer relevant combinations, and a decision is reached on each roll of the dice. In "beat the dealer" the player attempts to throw a higher total on two dice than the dealer. "Chuck-a-luck" uses three dice with players wagering on whether particular spots will appear on one or more of the dice. Roulette, big six, and merchandise wheel are wheel games. "Roulette" uses a wheel, usually separated into 38 numbered compartments into which a ball drops at random, and wagers are made regarding several variables in the outcome of a spin of the wheel. "Big six" uses a sectioned wheel on which are pictured various combinations of three dice, and wagers are made on whether particular spots will appear in the combination that is chosen at random by spinning the wheel. "Merchandise wheels" have numbers, symbols or colors used to designate the winning wager and, where applicable, the type of merchandise to be awarded. Blackjack, gin rummy, poker, hold-em poker, and five card stud poker are card games, and must be played substantially according to the description of such games found in *Hoyle's Modern Encyclopedia of Card Games*, by Walter B. Gibson, published by Doubleday and Company, Inc., April 1974, 1st Edition. Keno is a lotto-type game, similar to bingo, in which a player, to win, must select numbers on a

card which correspond to numbers drawn at random from a container. A pull tab, or similar type of gambling ticket, is a single-folded or banded ticket, or is a card, the face of which is initially covered or otherwise hidden from view to conceal a number, symbol, or set of symbols, some of which are winners. Players receive from the licensee the prize for a winning ticket which is stated on the promotional display, or "flare". *No cards, dice, wheels or other charitable games equipment may be modified or altered so as to give the licensee a greater advantage in winning, other than as provided under the normal rules of play of a particular game* (Section 8 of the Act). Any charitable games equipment so altered or modified shall be confiscated by the Department.

b) Only chips, scrip, or play money (collectively referred to as "chips") may be used to play any of the games listed in subsection (a) above. Cash may never be used to wager on any of the games conducted at any charitable games event. All chips must be monogrammed with a Department-registered logo of the licensee or of the supplier (Section 8 of the Act). Licensees may, at their discretion, accept checks as payment for chips. However, such checks must be endorsed by the licensee so as to show that they were deposited into the licensee's charitable games checking account established under Section 435.190.

1) Chips must be sold and redeemed at a single, stationary location on the premises where the charitable games event is conducted. This area shall be known as the "bank". The bank must be staffed entirely by members or employees of the licensee, who will be required to account for all transactions. No "floor sellers" or "runners" are allowed. For each participant the licensee shall keep a complete and accurate record of the name and address of the participant, the cash value of each purchase of chips by the participant, and, if chips are redeemable for cash, the cash value of all chips redeemed by the participant. After each separate purchase of chips, the licensee shall issue to the purchaser a separate receipt identified by a unique pre-printed number. The number of the receipt, and the amount of the purchase must be entered on the record maintained for that purchaser.

A) All receipts for the purchase of chips must be pre-printed with consecutive numbers, beginning with the number one. Any receipts not issued, and any voided receipts, must be retained as part of the licensee's records. (Example: Seller A is selling chips and issuing receipts numbered 1-150. Seller B is also selling chips and issuing receipts numbered 151-300. At the end of the night, seller A has only issued receipts through number 135. Blank receipts 136-150 must be retained by the licensee.)

B) The entire amount of any admission fee shall be considered to be a purchase of chips even if no chips are given in return for payment of the fee, and must be entered on the record of each participant. For this purchase of chips

only, the licensee need not issue a receipt to the purchaser.

2) If the value of all chips redeemed by a participant for cash exceeds the value of all chips purchased by the participant, the participant must give a signed receipt for the cash won. The participant's signature on the record kept by the licensee shall be a sufficient receipt. No licensee may pay any participant in excess of $250 more than the total cash value of the chips purchased by that participant. No participant may win more than $250 in cash at any charitable games event.

3) When a participant exchanges chips for any noncash prize, the participant shall sign for the receipt of such prize. The receipt shall describe the noncash prize and state the retail value of the prize.

4) All receipts required by this subsection (b) shall include the date and the licensee's name and charitable games license number.

c) *The licensee shall designate a person in charge of and primarily responsible for the conduct of the charitable games event, and that person must be present on the premises continuously during the charitable games event* (Section 4 of the Act). The person in charge must verify that only eligible members, whose names appear on the workers list, participate in the operation of the event. The person in charge must have been a member of the licensee for at least one year prior to the charitable games event, and shall be familiar with the provisions of the Act and this Part.

d) *Each licensee shall, no less than one week prior to an event, obtain and maintain a bond for the benefit of participants in the charitable games event to insure payment to the winners of such games* (Section 4 of the Act). If cash prizes are offered, the amount of the bond shall be $50 times the number of participants that the licensee reasonably estimates will attend the charitable games event, based on past attendance at similar events and any other indications of attendance available to the licensee. If only noncash prizes are offered, the amount of the bond shall be the amount the licensee will have to pay to purchase all of the noncash prizes which, at any time prior to the event, had been advertised as being available to be won at the event, except that the licensee need not obtain a bond to cover the purchase price of any advertised noncash prizes which are in the actual or constructive possession of the licensee no less than one week prior to the event. In a county with fewer than 60,000 inhabitants, the Department may waive the bond requirement upon a showing by a licensee that it has sufficient funds on deposit to insure payment to the winners of such games.

e) The licensee must post its charitable games license in a prominent place at or near the location where chips are sold and redeemed, and in a manner such that the license may be easily seen by participants.

f) *Charitable games events must be conducted in accordance with local building and fire code requirements* (Section 4 of the Act).

g) The licensee must allow Department employees to be present on the

premises during, and for two hours before and after, the charitable games event to inspect or test equipment, devices and supplies used in the conduct of the event, and to examine the records maintained by the licensee pursuant to Section 435.190.

h) *The entire net proceeds from charitable games must be exclusively devoted to the lawful purposes of the organization permitted to conduct that game* (Section 8 of the Act).

(Source: Amended at 16 Ill. Reg. 14702, effective September 14, 1992)

DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENTS

1) Heading of Part: Qualification of Drivers

2) Code Citation: 92 Ill. Adm. Code 391

3) Section Numbers: Adopted Action:

391.1000	Amend
391.2000	Amend

4) Statutory Authority: Ill. Rev. Stat. 1991, ch. 95 1/2, pars. 18b-100 et seq.

5) Effective date of rules: September 14, 1992

6) Does this rulemaking contain an automatic repeal date? No

7) Does this amendment contain incorporations by reference? Yes

These conform to Section 6.02(a) of the Illinois Administrative Procedure Act.

8) Date filed in agency's principal office: September 5, 1992

9) Notice of proposal published in Illinois Register:

May 22, 1992, 16 Ill. Reg. 7832

10) Has JCAR issued a Statement of Objections to these rules? No

11) Differences between proposal and final version:

The Department revised Section 391.2000(c)(3), added Section 391.2000(c)(4), and renumbered the remaining subsections.

12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements letter issued by JCAR? None were necessary.

13) Will this rule replace an Emergency Rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and purpose of rules: By this Notice of Adopted Amendments, the Department includes applicable provisions of P.A. 87-829, effective January 17, 1992, into the regulations. Sections 391.1000(b), 391.2000(c)(6), and 391.2000(c)(7) are amended as a result of the new definition of "commercial motor vehicle" in the Public Act. Section

DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENTS

391.2000(c)(1) has been added to include the Illinois State Police's authority to place drivers out of service for violations of the "North American Uniform Out-of-Service Criteria" pertaining to qualifications of drivers.

16) Information and questions regarding these adopted rules shall be directed to:

Mr. Bill Nonneman
Regulations & Training Unit Manager
Department of Transportation
Division of Traffic Safety
3215 Executive Park Drive
Springfield, Illinois 62703
(217) 785-1181

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 92: TRANSPORTATION
CHAPTER I: DEPARTMENT OF TRANSPORTATION
SUBCHAPTER d: MOTOR CARRIER SAFETY REGULATIONS

PART 391
QUALIFICATION OF DRIVERS

Section
391.1000 General
391.2000 Incorporation by Reference of 49 CFR 391

AUTHORITY: Implementing Sections 18b-100 et seq. and authorized by Sections 18b-102 and 18b-105 of the Illinois Motor Carrier Safety Law (Ill. Rev. Stat. 199~~189~~, ch. 95 1/2, pars. 18b-100 et seq.).

SOURCE: Adopted at 14 Ill. Reg. 15560, effective September 10, 1990; amended at 15 Ill. Reg. 13189, effective August 21, 1991; amended at 16 Ill. Reg. 5362, effective March 23, 1992; amended at 16 Ill. Reg. 14715, effective September 14, 1992.

Section 391.1000 General

a) This Part establishes the minimum qualifications for persons who drive commercial motor vehicles.

b) This Part does not apply to a farm vehicle driver. ~~engaged in intrastate commerce, except a farm vehicle driver who drives an articulated (combination) vehicle that is registered for a gross weight of 12,001 pounds or more. (For limited exemptions for farm vehicle drivers of heavier articulated vehicles, see "Qualification of Drivers" (49 CFR 391.67).)~~

(Source: Amended at 16 Ill. Reg. 14715, effective September 14, 1992

Section 391.2000 Incorporation by Reference of 49 CFR 391

a) The Department hereby incorporates 49 CFR 391 by reference, as that part of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR 390, 391, 392, 393, 395, 396, and 397) that was in effect on October 1, 1990; as amended at 56 FR 40806, August 16, 1991, subject only to the exceptions in subsection (c). No later amendments to or editions of 49 CFR 391 are incorporated.

DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENTS

b) References to subchapters, parts, subparts, section or paragraphs shall be read to refer to the appropriate citation in 49 CFR 391.

c) The following interpretations of, additions to and deletions from 49 CFR 391 shall apply for purposes of this Part.

1) Authorized Illinois State Police shall place drivers out-of-service for violations of the "North American Uniform Out-of-Service Criteria" as incorporated by reference at 92 Ill. Adm. Code 390.2000.

2)~~1~~ Section 391.11(b)(1) does not apply to the operator of a commercial motor vehicle used in intrastate commerce.

~~2) Sections 391.41(b)(3) and (b)(10) do not apply to the operator of a commercial motor vehicle used in intrastate transportation, unless such driver has a record of accidents which would indicate a lack of ability to operate a vehicle in a safe manner, provided the operator, immediately prior to July 29, 1986, was eligible and licensed to operate a commercial motor vehicle; was engaged in operating such vehicle; became disqualified through the adoption of 49 CFR 391 on July 29, 1986, by reason of the application of sections 391.41(b)(3) or (b)(10) with respect to physical conditions existing at that time.~~

3) PARAGRAPHS (b)(3) (INSULIN DEPENDENT DIABETIC) AND (b)(10) (MINIMUM VISUAL ACUITY) OF 49 CFR 391.41 SHALL NOT APPLY TO THE DRIVER OF A COMMERCIAL MOTOR VEHICLE WITH A GROSS VEHICLE WEIGHT RATING OR GROSS COMBINATION WEIGHT OF OVER 12,000 LBS., USED IN THE INTRASTATE TRANSPORTATION OF PROPERTY WHO IMMEDIATELY PRIOR TO JULY 29, 1986 WAS ELIGIBLE AND LICENSED TO OPERATE A MOTOR VEHICLE SUBJECT TO THE ILLINOIS MOTOR CARRIER SAFETY REGULATIONS (IMCSR) AND WAS ENGAGED IN OPERATING SUCH VEHICLES, AND WHO WAS DISQUALIFIED ON JULY 29, 1986 BY THE ADOPTION OF 49 CFR 391 BY REASON OF THE APPLICATION OF PARAGRAPHS (b)(3) AND (b)(10) OF 49 CFR 391.41 WITH RESPECT TO A PHYSICAL CONDITION EXISTING AT THAT TIME UNLESS SUCH DRIVER HAS A RECORD OF ACCIDENTS WHICH WOULD INDICATE A LACK OF ABILITY TO OPERATE A MOTOR VEHICLE IN A SAFE MANNER. (Section 18b-105 of the Law)

4) Paragraphs (b)(3) (insulin dependent diabetic) and (b)(10) (minimum visual acuity) of 49 CFR 391.41 shall not apply to the driver of a commercial motor vehicle which either has a gross vehicle weight rating (GVWR) or gross combination weight rating (GCWR) of between 10,000 and 12,001 pounds; or which is designed to transport more than 15 passengers, including the driver; or which has a GVWR or GCWR of less than 12,001 pounds and transports hazardous materials in a quantity requiring placarding under the Illinois Hazardous Materials Transportation Act. The vehicle must be used in intrastate transportation. The driver must have been eligible and licensed to operate a motor vehicle subject to the IMCSR and engaged in operating such vehicle immediately prior to January 17, 1992. The driver must have been disqualified on January 17, 1992 by the adoption of Public Act 87-829 which made the IMCSR applicable to vehicles described above. The reason for disqualification must have been the appliation of paragraphs (b)(3) and (b)(10) of 49 CFR 391.41 with respect to a physical condition existing at that time. This exception does not apply to any driver who has a record of accidents which would indicate a lack of ability to operate a motor vehicle in a safe manner.

5)~~3~~ ~~Section-391.43-is-amended-to-add-paragraph-391.43(f)(4) which~~ Section 391.43(f)(4) is added to the Illinois Motor Carrier Safety Regulations and reads as follows:

If a medical examiner determines that the driver is qualified to drive only in intrastate transportation due to the application of the provisions of Section 391.2000(c)(3)~~(2)~~ above, the following shall appear on the medical examiner's certificate: "Qualified only for intrastate transportation in Illinois."

6)4 Section 391.69 is deleted and not incorporated.

7)~~5~~ Section 391.83(a) is modified to cause 49 CFR 391, Subpart H to apply to motor carriers and persons who operate a commercial motor vehicle, as defined in 92 Ill. Adm. Code 390.1020 ~~subsection-(e)(6)~~ in either interstate or intrastate commerce.

~~6) For-the-purposes-of-the-application-of-49-CFR-391, Subpart-H,-the-definition-of-"Commercial-Motor-Vehicle" in-Section-391.85-is-not-incorporated-and-the-following definition-is-provided:--"Commercial-Motor-Vehicle" means-any-vehicle-operated-in-intrastate-commerce-for the-transportation-of-property-in-any-commercial enterprise,-for-hire-or-not-for-hire,-with-a-gross vehicle-weight-rating-or-gross-combination-weight rating-of-26,001-pounds-or-more;-or-any-self-propelled or-towed-vehicle-used-on-public-highways-in-interstate commerce-to-transport-passengers-or-property-when:~~

~~A) The-vehicle-has-a-gross-vehicle-weight-rating-or gross-combination-weight-rating-or-gross combination-weight-rating-of-26,001-or-more pounds;-or~~

~~B) The-vehicle-is-designed-to-transport-more-than-15 passengers,-including-the-driver;-or~~

~~C) The-vehicle-is-used-in-the-transportation-of hazardous-materials-in-a-quantity-requiring placarding-under-the-provisions-of-the-Illinois Hazardous-Materials-Transportation-Regulations (92-Ill.-Adm.-Code:--Chapter-I,-Subchapter-c).~~

8) The definition of "commercial motor vehicle" in Section 391.85 is modified to include such vehicles operated in either interstate or intrastate commerce, and to not include farm machinery, fertilizer spreaders or other special agricultural movement equipment or implements of husbandry used in intrastate commerce.

9)~~7~~ Section 391.87(g) is not incorporated and the following substituted therefor:

A motor carrier shall produce upon demand and shall permit the Illinois Department of Transportation or Administrator of the US DOT to examine all records related to the administration and results of controlled substance testing performed under this Part.

10)~~8~~ The schedule established in Sections 391.93(b) and (c) for implementation of a controlled substance testing program is modified as follows:

A) The provisions of Section 391.93(b) apply only to motor carriers and operators of commercial motor vehicles engaged in interstate commerce.

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NOTICE OF ADOPTED AMENDMENTS

B) The provisions of Section 391.93(c) apply only to motor carriers and operators of commercial vehicles engaged in interstate commerce.

C) Motor carriers subject to the provisions of Sections 391.93(b) and (c) shall include any driver who operates a commercial motor vehicle in intrastate commerce in the carrier's controlled substance testing program not later than December 21, 1990. (49 CFR 391.93)

D) Part 391, Subpart H shall apply to motor carriers and drivers who operate commercial motor vehicles only in intrastate commerce effective December 21, 1990. (49 CFR 391.93)

11)~~9~~ For the purposes of this Part, the term "Reportable Accident" means an occurrence involving a commercial motor vehicle resulting in:

The death of a human being; or
Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
The total damage to all property aggregating $4,400 or more based upon actual costs or reliable estimates.
The term "reportable accident" does not include:
An occurrence involving only boarding and alighting from a stationary motor vehicle; or
An occurrence involving only the loading or unloading of cargo; or
An occurrence in the course of farm-to-market agricultural transportation (as defined in 92 Ill. Adm. Code 390.5) by the motor carrier; or
An occurrence in the course of the operation of a passenger car by a motor carrier and which is not transporting passengers for hire or hazardous materials of a type and quantity that requires the vehicle to be marked or placarded in accordance with 92 Ill. Adm. Code 177 (49 CFR 394.3, October 1, 1990).

(Source: Amended at 16 Ill. Reg. 14715, effective September 14, 1992

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Aid to the Aged, Blind or Disabled

2) Code Citation: 89 Ill. Adm. Code 113

3) Section Numbers: Emergency Action:

Section Numbers	Emergency Action
113.330	New Section
113.410	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq. and 12-13)

5) Effective Date of Amendments: September 15, 1992

6) If these Emergency Amendments are to expire before the end of the 150-day period, please specify the date on which it is to expire: Not applicable

7) Date Filed in Agency's Principal Office: September 15, 1992

8) Reason for Emergency:

89 Ill. Adm. Code 113.330

These emergency amendments are being filed pursuant to Public Act 87-686 which was effective July 1, 1992. These proposed amendments allow for the payment of attorney's fees for representation of an AABD recipient in an appeal of any claim for federal veterans' benefits which is decided in favor of the recipient.

89 Ill. Adm. Code 113.410

These emergency amendments are being filed pursuant to Public Act 87-893 which was effective August 5, 1992. These proposed amendments authorize payments for medical transportation and referral and payments to medical providers for Interim Assistance applicants' medical examinations.

9) Complete Description of the Subjects and Issues Involved:

89 Ill. Adm. Code 113.330

In accordance with Public Act 87-686, this rulemaking allows for the payment of attorney's fees for representation of an AABD recipient in an appeal of any claim for federal veterans' benefits which is decided in favor of the recipient. Under a state law passed in the 1991 session (HB 2234), payments to attorneys who seek veterans' benefits for eligible AABD clients should eventually be offset with a positive gain in grant cost avoidance. Because veterans' benefits of $616 per month are treated as

countable income, many cases should be cancelled.

Eligibility by the Veterans' Administration requires total disability from any cause by the veteran who was in military service during a designated wartime period. Accordingly, the remaining eligible population is probably very low at this time. Calculation of savings, however, is based upon the remaining time on assistance since, unlike SSI, interim payments from the recipient's date of application are not recoverable from the Veterans' Administration. Consequently, there has been no mechanism to compensate attorneys in successful cases.

89 Ill. Adm. Code 113.410

In accordance with Public Act 87-893, this rulemaking permits referrals to and payment for medical providers for relevant examinations and reports for Interim Assistance applicants when determining the client more likely than not to be found eligible for Supplement Security Income (SSI). In addition, these proposed amendments provide for payment of the costs of transportation to the medical provider if necessary and on request.

Until recently, current policy did not permit reimbursement to providers nor transportation for medical examinations for Interim Assistance applicants. However, the Department has recently contracted with Bethany Hospital in Chicago to furnish these services to a portion of Cook County applicants only. The proposed rule change would expand these services statewide.

10) Are there any Proposed Amendments pending to this Part? Yes

Sections	Proposed Action	Illinois Register Citation
113.9	Amendment	September 4, 1992 (16 Ill. Reg. 13383)
113.154	Amendment	September 25, 1992 (16 Ill. Reg. _____)

11) Statement of Statewide Policy Objectives: These emergency amendments do not affect units of local government.

12) Information and questions regarding these Amendments shall be directed to:

Name: Judy Umunna
Bureau of Rules and Regulations

Address: Illinois Department of Public Aid
Jesse B. Harris Building II
100 South Grand Avenue East, 3rd Floor
Springfield, Illinois 62762

Telephone: 217/524-3215

The full text of the Emergency Amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 113
AID TO THE AGED, BLIND OR DISABLED

SUBPART A: GENERAL PROVISIONS

Section
113.1 Description of the Assistance Program
113.5 Incorporation By Reference

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section
113.9 Client Cooperation
EMERGENCY
113.10 Citizenship
113.20 Residence
113.30 Age
113.40 Blind
113.50 Disabled
113.60 Living Arrangement
113.70 Institutional Status
113.80 Social Security Number

SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

Section
113.100 Unearned Income
113.101 Budgeting Unearned Income
113.102 Budgeting Unearned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision
113.103 Initial Receipt of Unearned Income
113.104 Termination of Unearned Income
113.105 Unearned Income In-Kind
113.106 Earmarked Income
113.107 Lump Sum Payments and Income Tax Refunds
113.108 Protected Income (Repealed)
113.109 Earned Income (Repealed)
113.110 Budgeting Earned Income (Repealed)
113.111 Protected Income
113.112 Earned Income
113.113 Exempt Unearned Income
113.114 Budgeting Earned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision
113.115 Initial Employment

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113.116 Budgeting Earned Income For Contractual Employees
113.117 Budgeting Earned Income For Non-contractual School Employees
113.118 Termination of Employment
113.120 Exempt Earned Income
113.125 Recognized Employment Expenses
113.130 Income From Work/Study/Training Programs
113.131 Earned Income From Self-Employment
113.132 Earned Income From Roomer and Boarder
113.133 Earned Income From Rental Property
113.134 Earned Income In-Kind
113.139 Payments from the Illinois Department of Children and Family Services
113.140 Assets
113.141 Exempt Assets
113.142 Asset Disregard
113.143 Deferral of Consideration of Assets
113.154 Property Transfers For Applications Filed Prior To October 1, 1989
113.155 Property Transfers For Applications Filed On Or After October 1, 1989
113.156 Court Ordered Child Support Payments of Parent/Step-Parent
113.157 Sponsors of Aliens
113.160 Assignment of Medical Support Rights

SUBPART D: PAYMENT AMOUNTS

Section
113.245 Payment Levels for AABD
113.246 Personal Allowance
113.247 Personal Allowance Amounts
113.248 Shelter
113.249 Utilities and Heating Fuel
113.250 Laundry
113.251 Telephone
113.252 Transportation, Lunches, Special Fees
113.253 Allowances for Increase in SSI Benefits
113.254 Nursing Care or Personal Care in Home Not Subject to Licensing
113.255 Sheltered Care in a Licensed Group Care Facility
113.256 Shopping Allowance
113.257 Special Allowances for Blind and Partially Sighted (Blind Only)
113.258 Home Delivered Meals
113.259 AABD Fuel and Utility Allowances By Area
113.260 Sheltered Care Rates
113.261 Cases in Licensed Intermediate Care Facilities, Licensed Skilled Nursing Facilities, DMHDD Facilities and All Other Licensed Medical Facilities

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SUBPART E: OTHER PROVISIONS

Section
113.300 Persons Who May Be Included In the Assistance Unit
113.301 Grandfathered Cases
113.302 Interim Assistance (Repealed)
113.303 Special Needs Authorizations
113.304 Retrospective Budgeting
113.305 Budgeting Schedule
113.306 Purchase and Repair of Household Furniture (Repealed)
113.307 Property Repairs and Maintenance
113.308 Excess Shelter Allowance
113.320 Redetermination of Eligibility
113.330 Attorney's Fees for VA Appellants
EMERGENCY

SUBPART F: INTERIM ASSISTANCE

Section
113.400 Description of the Interim Assistance Program
113.405 Pending SSI Application
113.410 More Likely Than Not Eligible for SSI
EMERGENCY
113.415 Non-Financial Factors of Eligibility
113.420 Financial Factors of Eligibility
113.425 Payment Levels for Chicago Interim Assistance Cases
113.430 Payment Levels for all Interim Assistance Cases Outside Chicago
113.435 Medical Eligibility
113.440 Attorney's Fees for SSI Applicants
113.445 Advocacy Program for Persons Receiving Interim Assistance
113.500 Attorney's Fees for SSI Appellants (Renumbered)

AUTHORITY: Implementing Article III and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq. and 12-13)

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979, peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective

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NOTICE OF EMERGENCY AMENDMENTS

November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982, amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 10, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 9367, effective August 1, 1983; amended at 7 Ill. Reg. 17351, effective December 21, 1983; amended at 8 Ill. Reg. 537, effective December 30, 1983; amended at 8 Ill. Reg. 5225, effective April 9, 1984; amended at 8 Ill. Reg. 6746, effective April 27, 1984; amended at 8 Ill. Reg. 11414, effective June 27, 1984; amended at 8 Ill. Reg. 13273, effective July 16, 1984; amended (by sections being codified with no substantive change) at 8 Ill. Reg. 17895; amended at 8 Ill. Reg. 18896, effective September 26, 1984; amended at 9 Ill. Reg. 5335, effective April 5, 1985; amended at 9 Ill. Reg.

DEPARTMENT OF PUBLIC AID

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8166, effective May 17, 1985; amended at 9 Ill. Reg. 8657, effective May 25, 1985; amended at 9 Ill. Reg. 11302, effective July 5, 1985; amended at 9 Ill. Reg. 11636, effective July 8, 1985; amended at 9 Ill. Reg. 11991, effective July 12, 1985; amended at 9 Ill. Reg. 12806, effective August 9, 1985; amended at 9 Ill. Reg. 15896, effective October 4, 1985; amended at 9 Ill. Reg. 16291, effective October 10, 1985; emergency amendment at 10 Ill. Reg. 364, effective January 1, 1986; amended at 10 Ill. Reg. 1183, effective January 10, 1986; amended at 10 Ill. Reg. 6956, effective April 16, 1986; amended at 10 Ill. Reg. 8794, effective May 12, 1986; amended at 10 Ill. Reg. 10628, effective June 3, 1986; amended at 10 Ill. Reg. 11920, effective July 3, 1986; amended at 10 Ill. Reg. 15110, effective September 5, 1986; amended at 10 Ill. Reg. 15631, effective September 19, 1986; amended at 11 Ill. Reg. 3150, effective February 6, 1987; amended at 11 Ill. Reg. 8712, effective April 20, 1987; amended at 11 Ill. Reg. 9919, effective May 15, 1987; emergency amendment at 11 Ill. Reg. 12441, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20880, effective December 14, 1987; amended at 12 Ill. Reg. 867, effective January 1, 1988; amended at 12 Ill. Reg. 2137, effective January 11, 1988; amended at 12 Ill. Reg. 3497, effective January 22, 1988; amended at 12 Ill. Reg. 5642, effective March 15, 1988; amended at 12 Ill. Reg. 6151, effective March 22, 1988; amended at 12 Ill. Reg. 7687, effective April 22, 1988; amended at 12 Ill. Reg. 8662, effective May 13, 1988; amended at 12 Ill. Reg. 9023, effective May 20, 1988; amended at 12 Ill. Reg. 6996, effective May 24, 1988; emergency amendment at 12 Ill. Reg. 11828, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 14162, effective August 30, 1988; amended at 12 Ill. Reg. 17849, effective October 25, 1988; amended at 13 Ill. Reg. 63, effective January 1, 1989; emergency amendment at 13 Ill. Reg. 3402, effective March 3, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 6007, effective April 14, 1989; amended at 13 Ill. Reg. 12553, effective July 12, 1989; amended at 13 Ill. Reg. 13609, effective August 11, 1989; emergency amendment at 13 Ill. Reg. 14467, effective September 1, 1989, for a maximum of 150 days; emergency amendment at 13 Ill. Reg. 16154, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 720, effective January 1, 1990; amended at 14 Ill. Reg. 6321, effective April 16, 1990; amended at 14 Ill. Reg. 13187, effective August 6, 1990; amended at 14 Ill. Reg. 14806, effective September 3, 1990; amended at 14 Ill. Reg. 16957, effective September 30, 1990; amended at 15 Ill. Reg. 277, effective January 1, 1991; emergency amendment at 15 Ill. Reg. 1111, effective January 10, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5291, effective April 1, 1991; amended at 15 Ill. Reg. 5698, effective April 10, 1991; amended at 15 Ill. Reg. 7104, effective April 30, 1991; amended at 15 Ill. Reg. 11142, effective July 22, 1991; amended at 15 Ill. Reg. 11948, effective August 12, 1991; amended at 15 Ill. Reg. 14073, effective September 11, 1991; emergency amendment at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 16709, effective November 1, 1991; amended at 16 Ill. Reg. 3468, effective February 20, 1992; amended at 16 Ill. Reg. 9986, effective June 15, 1992; amended at 16 Ill. Reg. 11565, effective July 15, 1992; emergency amendment at 16 Ill. Reg. 13641, effective September 1,

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1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14722, effective September 15, 1992, for a maximum of 150 days.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

SUBPART E: OTHER PROVISIONS

Section 113.330 Attorney's Fees for VA Appellants
EMERGENCY

a) The Department will pay any attorney or advocate working under the supervision of an attorney, who represents a recipient of Assistance to the Aged, Blind or Disabled (AABD) in an appeal of any claim for federal Veterans' benefits before a hearing officer at a Veterans' Administration Regional Office or upon an initial appeal to the Board of Veterans' Appeals, which is decided in favor of the recipient. The amount of the payment will be 25% of the maximum federal Supplemental Security Income grant payable to the individual for a period of one (1) year.

b) To secure payment the attorney/advocate must submit his/her request for payment to the Illinois Department of Public Aid. The request for payment must be postmarked no more than sixty (60) days from the date of the notice of the favorable decision by the Hearing Officer. The following information must be included with the request:

1) proof that the attorney/advocate represented the client;

2) a copy of the favorable decision;

3) the attorney's/advocate's bill;

4) the AABD recipient's name, address and Public Aid case number; and

5) the attorney's/advocate's Federal Employee Identification number or Social Security number.

c) The Department will make payment within thirty (30) days of receipt of the information listed above.

d) The attorney/advocate must agree to waive the right to charge or collect fees and expenses from the AABD recipient.

(Source: Emergency rule added at 16 Ill. Reg. 14722, effective September 15, 1992, for a maximum of 150 days)

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

SUBPART F: INTERIM ASSISTANCE

Section 113.410 More Likely Than Not Eligible for SSI
EMERGENCY

a) As a condition of eligibility, an applicant for Interim Assistance must be determined to be more likely than not to be found eligible for Supplemental Security Income (SSI).

b) The determination will be made by medically qualified personnel who possess at a minimum a current Illinois license to practice as a Registered Nurse.

c) The applicant must provide all relevant medical and social information as required by the Department. The determination will be made by a review of this relevant medical and social information. Referral and payment to medical providers will be made for relevant examinations and reports to make this determination, when necessary and requested by the client. Medical transportation will also be provided if necessary and requested by the client.

d) The Department has combined the determination of "more likely than not eligible for SSI" and the determination of whether a client is "not employable" on the basis of a serious medical, physical or mental problem. The single standard has been developed based on the standard of "chronically needy" found in Section 6-11(c)(2) of the Public Aid Code (Ill.Rev.Stat. 1989, ch. 23, par. 6-11(c)(2)).

1) The determination is a rapid preliminary screening of the client's condition and is not meant to duplicate or even approximate the regular SSI determination done by the Department of Rehabilitation, Bureau of Disability Determination Services.

2) The determination will be made by a review of medical and social information provided by the applicant. Reviews will be conducted based on the information available giving the benefit of any doubt due to lack of information to the client.

3) The determination will be made taking into consideration the individual's impairment, level of functioning, age, education, work experience, and language capacity. Criteria used by the Bureau of Disability Determination Services to find a person automatically eligible for SSI will be used as a reference point in making the determination. All individuals who appear to meet that criteria will be automatically found to be probably eligible for SSI. The following additional and/or specific factors will also be given consideration in making the determinations:

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

Section 113.410(d)(3) (continued)

A) Significant evidence of mental illness or chronic substance abuse.

B) Beginning at age fifty, increasingly greater importance will be given to moderate illnesses as the individual becomes older.

C) Lack of relevant work skills and/or recent work history.

D) Inability or difficulty in reading or writing English.

E) The possibility of development of further medical evidence (through SSI advocacy or other means) that will substantiate disabling conditions.

e) An individual who has been denied SSI within the previous 12 months due to a finding of not blind or not disabled (either at the Administrative Law Judge level or above, or at a lower level if that determination was not appealed) cannot be determined more likely than not eligible for SSI unless the client shows there has been a substantial change in medical condition or there has been a substantial change in other factors, such as age or work experience, that make it more likely the individual would now be found eligible for SSI.

(Source: Emergency amendment at 16 Ill. Reg. 14722, effective September 15, 1992, for a maximum of 150 days)

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Diagnosis Related Grouping (DRG) Prospective Payment System (PPS)

2) Code Citation: 89 Ill. Adm. Code 149

3) Section Numbers:

Section Numbers	Emergency Action
149.10	New Section
149.25, 145.50, 149.75	Amendment
149.100, 149.105, 149.125	Amendment
149.140	New Section
149.150	Amendment

4) Statutory Authority: Articles III, IV, V, VI, VII and Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13) and Public Act 87-861, effective July 8, 1992.

5) Effective Date of Amendments: October 1, 1992

6) If these Emergency Amendments are to expire before the end of the 150-day period, please specify the date on which it is to expire: Not Applicable

7) Date Filed in Agency's Principal Office: October 1, 1992

8) Reason for Emergency:

These emergency amendments are being filed to implement hospital reimbursement provisions of the Medicaid Revenue Act (Public Act 87-861, House Bill 2758) which are effective October 1, 1992. These hospital reimbursement provisions must be implemented October 1, 1992, to insure continued provision of adequate hospital services for Medicaid clients. The Medicaid Revenue Act, which was enacted effective July 8, 1992, specifically authorizes the Department to use emergency rulemaking to implement its provisions.

9) Complete Description of the Subjects and Issues Involved:

The Department of Public Aid is adopting on an emergency basis extensive changes in its rules governing the Diagnosis Related Grouping (DRG) Prospective Payment System (PPS) (89 Ill. Adm. Code 149). These rules specify a methodology for the payment of hospitals, which is an alternative to the methodology included in the Department's hospital services rules (89 Ill. Adm. Code 148). The changes are required to update the rules for implementation of the revised reimbursement procedures which take effect on October 1, 1992, under the Medicaid Revenue Act (Public Act 87-861). Since changes are being made to most

DEPARTMENT OF PUBLIC AID

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aspects of hospital reimbursement under these amendments, all of the changes cannot be summarized here in detail. Interested persons should review the amendments closely.

Many of the changes are clarifications of previously incorporated procedures and definitions. More substantive changes include updating the DRG PPS hospital outlier methodology to conform with current Medicare guidelines, implementing a teaching reimbursement adjustment for major academic hospitals and updating the base prices and grouper methodology to reflect current Medicare practices. These changes are also being proposed for permanent adoption. The estimated annual aggregate increase resulting from these changes is expected to approach $69.25 million.

Earlier amendments to these rules were adopted on an emergency basis effective July 10, 1992, to maintain the current hospital payment rates through September 30, 1992, when these revised reimbursement procedures take effect. Related changes are being proposed in the Department's hospital services rules (89 Ill. Adm. Code 148). In addition, changes are being proposed in the Department's medical payment rules (89 Ill. Adm. Code 140) to directly implement the assessment fees. These related amendments are also being adopted on an emergency basis.

10) Are there any Proposed Amendments pending to this Part? Yes

Sections	Proposed Action	Illinois Register Citation
149.5	Amendment	July 24, 1992 (16 Ill. Reg. 11717)

11) Statement of Statewide Policy Objectives: These emergency amendments do not affect units of local government.

12) Information and questions regarding these Emergency Amendments shall be directed to:

Name: Joanne Jones
Address: Bureau of Rules and Regulations
Illinois Department of Public Aid
100 South Grand Avenue East, Third Floor
Springfield, Illinois 62762
Telephone: (217) 524-3215

The full text of the Emergency Amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 149
DIAGNOSIS RELATED GROUPING (DRG)
PROSPECTIVE PAYMENT SYSTEM (PPS)

Section
149.5 Diagnosis Related Grouping (DRG) Prospective Payment System (PPS)
EMERGENCY
149.10 Applicability of Other Provisions
EMERGENCY
149.25 General Provisions
EMERGENCY
149.50 Hospital Services Subject to and Excluded from the DRG Prospective
EMERGENCY Payment System
149.75 Conditions for Payment Under the DRG Prospective Payment System
EMERGENCY
149.100 Basic Methodology for Determining DRG Prospective Payment Rates
EMERGENCY
149.105 Payment For Outlier Cases
EMERGENCY
149.125 Special Treatment of Certain Facilities
EMERGENCY
149.140 Methodology for Determining Primary Care Access Health Care
EMERGENCY Education Payments
149.150 Payments to Hospitals Under the DRG Prospective Payment System
EMERGENCY
149.175 Payments to Contracting Hospitals (Repealed)
149.200 Admitting and Clinical Privileges (Repealed)
149.205 Inpatient Hospital Care or Services by Non-Contracting Hospitals Eligible for Payment (Repealed)
149.225 Payment to Hospitals for Inpatient Services or Care not Provided under the ICARE Program (Repealed)
149.250 Contract Monitoring (Repealed)
149.275 Transfer of Recipients (Repealed)
149.300 Validity of Contracts (Repealed)
149.305 Termination of ICARE Contracts (Repealed)
149.325 Hospital Services Procurement Advisory Board (Repealed)

AUTHORITY: Implementing Article II of the Illinois Health Finance Reform Act (Ill. Rev. Stat. 1989, ch. 111 1/2, par. 6503-1 et seq.) and implementing and authorized by Articles III, IV, V, VI, VII and Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13)

SOURCE: Recodified from 89 Ill. Adm. Code 140.940 thru 140.972 at 12 Ill.

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Reg. 7401; amended at 12 Ill. Reg. at 12095, effective July 15, 1988; amended at 13 Ill. Reg. 554, effective January 1, 1989; amended at 13 Ill. Reg. 15070, effective September 15, 1989; amended at 15 Ill. Reg. 1826, effective January 28, 1991; emergency amendment at 15 Ill. Reg. 16308, effective November 1, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 6195, effective March 27, 1992; emergency amendment at 16 Ill. Reg. 11937, effective July 10, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14733, effective October 1, 1992, for a maximum of 150 days.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

Section 149.10 Applicability of Other Provisions
EMERGENCY

The following provisions shall apply to hospitals reimbursed under the DRG PPS:

a) Participation, as described in 89 Ill. Adm. Code 148.20.

b) General requirements, as described in 89 Ill. Adm. Code 148.30.

c) Special requirements, as described in 89 Ill. Adm. Code 148.40.

d) Covered hospital services, as described in 89 Ill. Adm. Code 148.50.

e) Services not covered as hospital services, as described in 89 Ill. Adm. Code 148.60.

f) Limitations on hospital services, as described in 89 Ill. Adm. Code 148.70.

g) Hospital outpatient and hospital-based clinic services, as described in 89 Ill. Adm. Code 148.140.

h) Payment for pre-operative days, patient specific orders, and services which can be performed in an outpatient setting, as described in 89 Ill. Adm. Code 148.180.

i) Copayments, as described in 89 Ill. Adm. Code 148.190.

j) Filing cost reports, as described in 89 Ill. Adm. Code 148.210.

k) Review procedure, as described in 89 Ill. Adm. Code 148.310.

(Source: Emergency rule added at 16 Ill. Reg. 14733, effective October 1, 1992, for a maximum of 150 days)

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Section 149.25 General Provisions
EMERGENCY

a) Basis of Payment

1) Payment on a Per Discharge Basis

A) Under the DRG PPS, hospitals are paid a predetermined amount per discharge for inpatient hospital services furnished to persons receiving coverage under the Medicaid Program.

B) The DRG prospective payment rate for each discharge (as defined in subsection (b) below) is determined according to the methodology described in Sections 149.100 and 149.150, as appropriate. An additional payment is made, in accordance with Sections 149.105, ~~and~~ 149.125 and 149.140, as appropriate. The rates paid shall be those in effect on the date of admission.

2) Payment in Full

(A) The DRG prospective payment amount paid for inpatient hospital services is the total Medicaid payment for the inpatient operating costs (as described in subsection (a)(3) below) incurred in furnishing services covered under the Medicaid Program.

B) Except as provided for in subsection (b) below, the full DRG prospective payment amount, as determined under Sections 149.100 and 149.150, as appropriate, is made for each stay during which there is at least one Medicaid eligible day of care.

3) Inpatient Operating Costs. The DRG PPS provides a payment amount for inpatient operating costs, including:

A) Operating costs for routine services (as described in 42 CFR 413.53(b), revised as of September 1, 1990), such as the costs of room, board, and routine nursing services;

B) Operating costs for ancillary services, such as radiology and laboratory services furnished to hospital inpatients:

C) Special care unit operating costs (intensive care type unit services as described in 42 CFR 413.53(b), revised as of September 1, 1990); and

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Section 149.25(a)(3) (continued)

D) Malpractice insurance costs related to services furnished to inpatients.

4) Excluded Costs/Services. The following inpatient hospital costs are excluded from the DRG prospective payment amounts:

A) Transplant costs including acquisition costs incurred by approved transplantation centers as described in 89 Ill. Adm. Code 148.80. Kidney and cornea transplant costs shall be reimbursed under the appropriate methodology described in Sections 149.100 and 149.150 or in 89 Ill. Adm. Code 148.160, 148.170 or 148.250 ~~148.240~~ through 148.300. Kidney acquisition costs shall be reimbursed in accordance with Section 149.150(c)(5).

B) Costs of psychiatric services incurred by a provider enrolled with the Department to provide those services (category of service 21). Such services shall be reimbursed under 89 Ill. Adm. Code 148.270(b).

C) Costs of nonemergency psychiatric services incurred by a provider that is not enrolled with the Department to provide those services (category of service 21). Such services shall not be eligible for reimbursement.

D) Costs of emergency psychiatric services exceeding the maximum of three days emergency treatment incurred by a provider that is not enrolled with the Department to provide those services (DRG's ~~DRGs~~ 424-432). Such services exceeding the maximum of 3 days shall not be eligible for reimbursement.

E) Costs of physical rehabilitation services incurred by a provider enrolled with the Department to provide those services (category of service 22). Such services shall be reimbursed under 89 Ill. Adm. Code 148.270(b).

F) Costs of rehabilitation for drug and alcohol abuse (DRG 436 and that part of DRG 437 apportioned to rehabilitation). Such services shall be reimbursed under 89 Ill. Adm. Code 148.340 through 148.390.

5) Additional Payments to Hospitals. In addition to payments based on the DRG prospective payment rates, hospitals will receive payments for the following:

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Section 149.25(a)(5) (continued)

A) Atypically ~~A typically~~ long or extraordinarily costly (outlier) case, as described in Section ~~89 Ill. Adm. Code~~ 149.105.

B) Certain costs excluded from the prospective payment rate under subsection (a)(4) above.

C) The cost of serving a disproportionately high share of low income patients and providing uncompensated care to low income persons (as defined and determined in Section 149.125).

D) Uncompensated care costs for nondisproportionate share hospitals (as defined and determined in Section 149.125).

E) Trauma center costs (as defined and determined in Section 149.125).

F) Health care education payments (as defined and determined in Section 149.140).

G) Certified registered nurse anesthetist (CRNA) costs in accordance with Section 149.150(c)(3).

H)~~E)~~ Kidney acquisition costs ~~Acquisition Costs~~ in accordance with Section 149.150(c)(5).

~~F) Administration of blood clotting factor to hemophiliacs who are hospital inpatients in accordance with Section 149.150(c)(6).~~

b) Discharges and Transfers

1) Discharges. A hospital inpatient is considered discharged when any of the following occurs:

A) The patient is formally released from the hospital except when the patient is transferred to another hospital or a distinct part unit as described in Section 149.50(d) (see subsection (b)(2) below).

B) The patient dies in the hospital.

2) Transfers. A hospital inpatient is considered transferred when the patient is placed in the care of another hospital or a distinct part unit as described in Section 149.50(d).

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Section 149.25(b) (continued)

3) Payment in Full to the Discharging Hospital. The hospital discharging an inpatient (subsection (b)(1)(A) above) is paid in full, in accordance with subsection (a)(2) above unless the discharging hospital or distinct part unit is excluded from the DRG PPS as described in Section 149.50(b), (c) and (d). In the event the discharging hospital or distinct part unit is excluded or exempted from the DRG PPS, that ~~the excluded~~ hospital or distinct part unit shall receive payment in full in accordance with 89 Ill. Adm. Code 148.160, 148.170 or 148.250 ~~148.240~~ through 148.300.

4) Payment to a Hospital Transferring an Inpatient to Another Hospital or Distinct Part Unit

A) A hospital reimbursed under the DRG PPS that transfers an inpatient, under the circumstances described in subsection (b)(2), is paid a per diem rate for each day of the patient's stay in that hospital but the total reimbursement shall not exceed the amount that would have been paid under Section 149.100 if the patient had been discharged. The per diem rate is determined by dividing the appropriate prospective payment rate (as determined under Section 149.100) by the geometric length of stay for the specific DRG to which the case is classified.

B) Except, if a discharge is classified into DRG 385 (neonates, died or transferred to another acute care facility) or DRG 456 (burns, transferred to another acute care facility), and the hospital is reimbursed under the DRG PPS, the transferring hospital is paid in accordance with subsection (a)(2).

C) A transferring hospital reimbursed under the DRG PPS may qualify for an additional payment for extraordinarily high cost cases that meet the criteria for cost outliers as described in Section 149.105.

D) A hospital or distinct part unit excluded from the DRG PPS, as described in Section 149.50(b), (c) or (d), that transfers an inpatient under the circumstances described in subsection (b)(2) of this Section, is reimbursed in accordance with 89 Ill. Adm. Code 148.160, 148.170 or 148.250 ~~148.240~~ through 148.300.

c) Admissions Prior to September 1, 1991. With respect to admissions

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Section 149.25(c) (continued)

prior to September 1, 1991, hospitals will receive their per diem reimbursement rate that was in effect July 1, 1991, for each covered day of care provided through the discharge of the patient.

d) DRG Classification System

1) For rate periods beginning on or after October 1, 1992, the ~~The~~ Department will utilize the HCFA Medicare grouper, Version 9.0 ~~8.0~~, modified to handle additional DRG's ~~DRGs~~ and revised ICD-9-CM codes, as defined by the Department, to place claims into DRG payment classifications.

2) The Department will define additional DRG's ~~DRGs~~ that, for hospitals designated as Level III perinatal centers by the Illinois Department of Public Health, replace DRG 385 (neonates, died or transferred to another acute care facility), DRG 386 (extreme immaturity or respiratory distress syndrome, neonate), DRG 387 (prematurity with major problems) and DRG 389 (full term neonate with major problems).

(Source: Emergency amendment at 16 Ill. Reg. 14733, effective October 1, 1992, for a maximum of 150 days)

Section 149.50 Hospital Services Subject to and Excluded from the DRG
EMERGENCY Prospective Payment System

a) Hospital Services Subject to the DRG Prospective Payment System

1) Except for services described in Section 149.25(a)(4) and subsection (b)(2) below, all covered inpatient hospital services furnished to persons receiving coverage under the Medicaid Program are paid for under the DRG PPS.

2) Inpatient hospital services will not be paid for under the DRG PPS under any of the following circumstances:

A) The services are furnished by a hospital (or distinct part hospital unit) explicitly excluded from the DRG PPS under subsections (c) through (d).

B) The services are furnished by a nonparticipating out-of-state hospital (as described in subsection (c)(5)).

C) The services are furnished by a hospital that elects to be

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reimbursed under special arrangements (as described in subsection (c)(6)) in the transition period of DRG PPS implementation.

D) The services are furnished by a sole community hospital (as defined in Section 149.125(b)) that has elected to be exempted ~~excluded~~ from the DRG PPS in accordance with subsection (c)(7).

E) The payment for services is covered by a health maintenance organization (HMO).

b) Excluded and Exempted Hospitals and Hospital Units: General Rules

1) Criteria. A hospital will be excluded from the DRG PPS if it meets the criteria for one or more of the ~~excluded~~ classifications described in subsection (c) below.

2) Alternate Reimbursement System. All excluded hospitals (and excluded distinct part hospital units, as described in subsection (d) below) are reimbursed under the Alternate Reimbursement Systems set forth in 89 Ill. Adm. Code 148.250 ~~148.240~~ through 148.300 with the exception of those hospitals described in subsection (c)(8). The hospitals described in subsection (c)(8) are reimbursed in accordance with 89 Ill. Adm. Code 148.160 or 148.170, as appropriate.

c) Excluded Hospitals: Classifications. Hospitals that meet the requirements for the classifications set forth in this Section may not be reimbursed under the DRG Prospective Payment System.

1) Psychiatric Hospitals. A psychiatric hospital must:

A) Be primarily engaged in providing, by or under the supervision of psychiatrist, psychiatric services for the diagnosis and treatment of mentally ill persons; and

B) Be enrolled with the Department as a psychiatric hospital to provide inpatient psychiatric services (category of service 21) and have a Provider Agreement to participate in the Medicaid Program.

2) Rehabilitation Hospitals. A rehabilitation hospital must:

A) Hold a valid license as a physical rehabilitation hospital; and

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Section 149.50(c)(2) (continued)

B) Be enrolled with the Department as a rehabilitation hospital to provide inpatient rehabilitation services (category of service 22) and have a Provider Agreement to participate in the Medicaid Program.

3) Children's Hospitals. A children's hospital must:

A) Be engaged in furnishing services to inpatients who are predominately individuals under 18 years of age; and

B) Have a Provider Agreement to participate in the Medicaid Program.

4) Long Term Stay ~~Care~~ Hospitals. A long term stay ~~care~~ hospital must:

A) Not be a psychiatric hospital, as described in subsection (c)(1) above, a rehabilitation hospital as described in subsection (c)(2) above, or a children's hospital as described in subsection (c)(3) above and must have an average length of inpatient stay greater than 25 days: as computed by dividing the number of total inpatient days (less leave or pass days) by the number of total discharges for the most recent State fiscal year (i.e., Fiscal Year 1991 for Fiscal Year 1992 payments); and

B) Have a Provider Agreement to participate in the Medicaid Program.

5) Hospitals Outside of Illinois that are Exempt from Cost Reporting Requirements. A hospital is excluded from the DRG PPS if it meets the following definition: a nonparticipating out-of-state hospital is a hospital from out-of-state that provides fewer than 100 ~~that 200~~ Illinois Medicaid days annually, that does not elect to be reimbursed under this Part (the DRG Prospective Payment System), and that does not file an Illinois Medicaid cost report.

6) Hospitals Reimbursed Under Special Arrangements. ~~During the transition period of the DRG PPS implementation, hospitals~~ Hospitals that, on August 31, 1991, had a contract with the Department under the ICARE Program, pursuant to Section 3-4 of the Illinois Health Finance Reform Act, may elect to continue to be reimbursed at rates stated in such contracts for general and specialty care for services provided on or after September 1,

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Section 149.50(c)(6) (continued)

1991, subject to the limitations described in 89 Ill. Adm. Code 148.40(e) through 148.40(g).

7) Sole Community Hospitals. Hospitals described in Section 149.125(b), which have elected to be exempted ~~excluded~~ from the DRG PPS, subject to the limitations described in 89 Ill. Adm. Code 148.40(e) through 148.40(g).

8) County-Owned Hospitals and State-Owned Hospitals. County-owned hospitals and State-owned hospitals located in an Illinois ~~a~~ county with a population greater than three million are excluded from the DRG system and are reimbursed under unique hospital-specific reimbursement methodologies as described in 89 Ill. Adm. Code 148.160 and 148.170.

d) Excluded Distinct Part Hospital Units.

1) Distinct Part Psychiatric Units. With the exception of those hospitals described in subsections (c)(1) through (c)(8), a hospital enrolled with the Department to provide inpatient psychiatric services (category of service 21) shall be excluded from the DRG PPS for the reimbursement of such inpatient psychiatric services and shall be reimbursed in accordance with 89 Ill. Adm. Code 148.270(b).

2) Distinct Part Rehabilitation Units. With the exception of those hospitals described in subsections (c)(1) through (c)(8), a hospital enrolled with the Department to provide inpatient rehabilitation services (category of service 22) shall be excluded from the DRG PPS for the reimbursement of such inpatient rehabilitation services and shall be reimbursed in accordance with 89 Ill. Adm. Code 148.270(b).

(Source: Emergency amendment at 16 Ill. Reg. 14733, effective October 1, 1992, for a maximum of 150 days)

Section 149.75 Conditions for Payment Under the DRG Prospective Payment System
EMERGENCY

a) General Requirements

1) A hospital must meet the conditions of this Section to receive payment under the DRG PPS for inpatient hospital services furnished to persons receiving coverage under the Medicaid Program.

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Section 149.75(a) (continued)

2) If a hospital fails to comply fully with these conditions with respect to inpatient hospital services furnished to one or more Medicaid clients, the Department may, as appropriate:

A) Withhold Medicaid payment (in full or in part) to the hospital until the hospital provides adequate assurances of compliance; or

B) Terminate the hospital's Provider Agreement.

b) Hospital Utilization Control

Hospitals shall comply with the hospital utilization control requirements of 42 CFR, Ch. IV, Part 456, Subparts C, D and G (October 1, 1989), as appropriate.

c) Medical Review Requirements: Admissions and Quality Review

Hospital utilization review committees, a subgroup of the utilization review committee, or the hospital's designated professional review organization (PRO) shall review, on an ongoing basis, the following:

1) The medical necessity, reasonableness and appropriateness of inpatient hospital admissions and discharges.

2) The medical necessity, reasonableness and appropriateness of inpatient hospital care for which additional payment is sought under the outlier provisions of Section 149.105.

3) The validity of the hospital's diagnostic and procedural information.

4) The completeness, adequacy and quality of the services furnished in the hospital.

5) Other medical or other practices with respect to program participants or billing for services furnished to program participants.

d) Medical Review Requirements: DRG Validation

1) Physician attestation. Beginning with admissions on or after September 1, 1991, for which the discharge occurs on or after December 15, 1991, the attending physician must, shortly before, at, or shortly after discharge (but before a claim is

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Section 149.75(d)(1) (continued)

submitted), attest to the principal diagnosis, secondary diagnoses, and names of major procedures performed. The information must be in writing in the medical record and, except as provided in subsection (d)(2) below, the physician must sign the statement. Below the diagnostic and procedural information, and on the same page, the following statement must immediately precede the physician's dated signature: "I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge." The physician's name must be typed or clearly printed and appear on the same page as the physician's signature.

2) Alternative signature requirement. The attending physician's signature, along with the other information required in subsection (d)(1), may be provided by electronic means through a hospital data system if the hospital's Title XVIII (Medicare) intermediary has determined that the hospital data system meets the guidelines established by the Health Care Financing Administration, U.S. Department of Health and Human Services, under the Medicare Program.

3) DRG Validation. The Department or its designee may require and perform prepayment review and/or postpayment review of specific diagnosis and procedure codes.

4) Sample Reviews

A) The Department, or its designee, may review a random sample of discharges to verify that the diagnostic and procedural coding, submitted by the hospital and used by the Department for DRG assignment, is substantiated by the corresponding medical records.

B) Code validation must be done on the basis of a review of medical records and, at the Department's discretion, may take place at the hospital or away from the hospital site.

5) Revision of Coding

A) If the diagnostic and procedural information, attested to by the attending physician, is found to be inconsistent with the hospital's coding, the hospital shall be required to provide the appropriate coding and the Department shall recalculate the payment on the basis of the revised coding.

Section 149.75(d)(5) (continued)

B) If the information attested to by the physician as stipulated under subsection (d)(5)(A) is found not to be consistent with the medical record, the hospital shall be required to provide the appropriate coding and the Department shall recalculate the payment on the basis of the revised coding.

e) Medical Review Requirements: The Department, or its designee, may conduct pre-admission, concurrent, pre-payment, and/or post-payment reviews of:

1) The medical necessity, reasonableness and appropriateness of inpatient hospital admissions and discharges.

2) The quality and/or the nature of the utilization of health services.

3) The medical necessity, reasonableness and appropriateness of inpatient hospital care for which additional payment is sought under the outlier provisions of Section 149.105.

4) The validity of the hospital's diagnostic and procedural information.

5) The completeness, adequacy and quality of the services furnished in the hospital.

6) Other medical or other practices with respect to program participants or billing for services furnished to program participants.

f) Hospitals shall be notified at least thirty (30) days in advance of any pre-admission, concurrent, or pre-payment review requirements imposed by the Department.

g) Denial of Payment as a Result of Admissions, Length of Stay, Transfers and Quality Review

1) If the Department determines that a hospital has misrepresented admissions, length of stay, discharges, or billing information, or has taken an action that results in the unnecessary admission or inappropriate discharge of a program participant, unnecessary multiple admissions of a program participant, unnecessary transfer of a program participant, or other inappropriate medical or other practices with respect to program participants

Section 149.75(g)(1) (continued)

or billing for services furnished to program participants, the Department may, as appropriate:

A) Deny payment (in whole or in part) with respect to inpatient hospital services provided with respect to such an unnecessary admission, inappropriate length of stay or discharge, subsequent readmission or transfer of an individual.

B) Require the hospital to take action necessary to prevent or correct the inappropriate practice.

C) Perform prepayment review in accordance with 89 Ill. Adm. Code 148.240(a).

2) When payment with respect to the discharge of an individual patient is denied by the Department, or its designee, under subsection (g)~~(f)~~(1)(A), a reconsideration will be provided within 30 days, upon the request of a practitioner or provider, if such request is the result of the designee's own medical necessity or appropriateness of care denial determination and is received within 60 days of the Advisory Notice. The date of the Advisory Notice is counted as day one ~~day~~.

3) A determination under subsection (g)~~(f)~~(1) above, if it is related to a pattern of inappropriate admissions, length of stay and billing practices that has the effect of circumventing the prospective payment system, may result in actions specified in subsection (a)(2) above.

h) Furnishing of Inpatient Hospital Services Directly or Under Arrangements

1) The applicable payments made under the PPS are payment in full for all inpatient hospital services other than for the services of nonhospital-based physicians to individual program participants and the services of certain hospital-based physicians as described in subsections (h)~~(g)~~(1)(B)(i) through (h)~~(g)~~(1)(B)(v) below.

A) Hospital-based physicians who may not bill separately on a fee-for-service basis:

i) A physician whose salary is included in the hospital's cost report for direct patient care may not bill

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Section 149.75(h)(1)(A)(i) (continued)

separately on a fee-for-service basis.

ii) A teaching physician who provides direct patient care may not bill separately on a fee-for-service basis if the salary paid to the teaching physician by the hospital or other institution includes a component for treatment services.

B) Hospital-based physicians who may bill separately on a fee-for-service basis:

i) A physician whose salary is not included in the hospital's cost report for direct patient care may bill separately on a fee-for-service basis.

ii) A teaching physician who provides direct patient care may bill separately on a fee-for-service basis if the salary paid to the teaching physician by the hospital or other institution does not include a component for treatment services.

iii) A resident may bill separately on a fee-for-service basis when, by the terms of his or her contract with the hospital, he or she is permitted to and does bill private patients and collect and retain the payments received for those services.

iv) A hospital-based specialist who is salaried, with the cost of his or her services included in the hospital reimbursement costs, may bill separately on a fee-for-service basis when, by the terms of his or her contract with the hospital, he or she may charge for professional services and do, in fact, bill private patients and collect and retain the payments received.

v) A physician holding a nonteaching administrative or staff position in a hospital or medical school may bill separately on a fee-for-service basis to the extent that he or she maintains a private practice and bills private patients and collects and retains payments made.

2) Charges are to be submitted on a fee-for-service basis only when the physician seeking reimbursement has been personally involved in the services being provided. In the case of surgery, it

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means presence in the operating room, performing or supervising the major phases of the operation, with full and immediate responsibility for all actions performed as a part of the surgical treatment.

(Source: Emergency amendment at 16 Ill. Reg. 14733, effective October 1, 1992, for a maximum of 150 days)

Section 149.100 Basic Methodology for Determining DRG Prospective Payment Rates
EMERGENCY

a) DRG Classification and Weighting Factors

1) DRG Classification. For the rate period beginning October 1, 1992, the ~~The~~ Department will utilize the classification of inpatient hospital discharges by diagnosis related groups (DRG's ~~DRGs~~) as defined by federal regulation for the Medicare Program (42 CFR 412) in effect on September 1, 1992 ~~1991~~, with modifications deemed appropriate due to the differences in the Medicare and Medicaid patient populations and Illinois Medicaid policy.

2) DRG Weighting Factors

A) Except as provided in subsections (a)(2)(B) through (a)(2)(E) below, the Illinois Medicaid weighting factor for each DRG shall equal the Medicare weighting factor for that group, in effect on September 1, 1991, multiplied by a fraction, the numerator of which is the Medicaid geometric mean length of stay and the denominator of which is the Medicare geometric mean length of stay for that group. In making that calculation, the Department shall:

i) Use the Medicare geometric mean length of stay for each diagnostic related group as determined by the Health Care Financing Administration of the United States Department of Health and Human Services.

ii) Calculate the Medicaid geometric mean length of stay for each diagnostic related group using the same methodology employed to calculate the Medicare geometric mean length of stay and using data obtained from the Illinois Health Care Cost Containment Council or the Department's data bases.

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B) The Illinois weighting factors for neonatal discharges (Medicare-defined DRG's ~~DRGs~~ 385-391 and Illinois-defined DRG's ~~DRGs~~ for Level III perinatal centers) shall be the product of the ratio of the mean cost per discharge (defined below) of the given DRG to the mean cost per discharge for DRG 391 (normal newborn) and the Medicare scaling factor (defined below), such that the Illinois and Medicare weighting factors for DRG 391 are the same.

i) Mean cost per discharge, for any DRG, is defined as the sum of the product of charges, as reported by a hospital ~~to the Illinois Health Care Cost Containment Council for discharges made during Federal Fiscal Years 1989 and 1990~~ on claims paid by the Department, less costs listed as otherwise reimbursed under Section 149.150(c), updated to the current rate year using the DRI factors (defined in 89 Ill. Adm. Code 148.270), and the hospital's cost to charge ratio, as derived from the hospital's base year cost report (e.g., Calendar Year 1989 for Fiscal Year 1992), divided by the number of discharges for that DRG.

ii) Medicare scaling factor is defined as the Medicare weighting factor for DRG 391 (normal newborns).

C) The Illinois weighting factors for psychiatric discharges (DRG's ~~DRGs~~ 424-432) shall be computed as specified in subsections (a)(1) and (a)(2) except, prior to computing the Medicaid geometric mean length of stay for those DRGs, all lengths of stay longer than three (3) days are to be set at three (3) days.

D) The Illinois weighting factors for DRG's ~~DRGs~~ that will not be paid through the DRG PPS are zero (0.0000). Those include DRG 103, heart transplant; DRG 436, alcohol/drug dependence with rehabilitation therapy; DRG 462, rehabilitation; DRG 480, liver transplant; DRG 481, bone marrow transplant.

E) Except for DRG's ~~DRGs~~ otherwise specified in subsections (a)(2)(B) through (a)(2)(D), the Illinois weighting factors for DRG's ~~DRGs~~ for which available historic discharge data are sparse, fewer than 100 records, shall be computed using an alternate methodology.

i) For the rate period beginning October 1, 1992, for ~~For~~

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Section 149.100(a)(2)(E)(i) (continued)

those DRG's ~~DRGs~~ with 32 or more records available, the Illinois weighting factor shall be set at the midpoint between the weight calculated using the methodology in subsection (a)(2)(A) and the Medicare weighting factor in effect on September 1, 1992 ~~1991~~.

ii) For those DRG's ~~DRGs~~ with fewer than 32 records available, the Illinois weighting factor shall be set equivalent to the Medicare weighting factor in effect on September 1, 1991.

3) Assignment of Discharges to DRG's ~~DRGs~~. The Department will establish a methodology for classifying specific hospital discharges within DRGs which ensures that each hospital discharge is appropriately assigned to a single DRG, based on essential data abstracted from the inpatient bill for that discharge.

A) The classification of a particular discharge will, as appropriate, be based on the patient's age, sex, principal diagnosis (that is, the diagnosis established after study to be chiefly responsible for causing the patient's admission to the hospital), secondary diagnoses, procedures performed, and discharge status.

B) Each discharge will be assigned to only one DRG (related, except as provided in subsection (a)(3)(C), to the patient's principal diagnosis) regardless of the number of conditions treated or services furnished during the patient's stay.

C) When the discharge data submitted by a hospital show a surgical procedure unrelated to a patient's principal diagnosis, the bill will be subject to prepayment review for validation and reverification. The Department's DRG classification system will provide a DRG, and an appropriate weighting factor, for cases for which the unrelated diagnosis and procedure are confirmed.

4) Review of DRG Assignment

A) A hospital has 60 days after the date of the remittance advice indicating initial assignment of a discharge to a DRG to request a review of the assignment. The hospital may submit additional information as a part of its request.

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Section 149.100(a)(4) (continued)

B) The Department shall review the hospital's request and any additional information and decide whether a change in the DRG assignment is appropriate. If the Department decides that a higher-weighted DRG should be assigned, it must request the Department's peer review organization to review the case to verify the change in DRG assignment.

C) Following the 60-day period described in subsection (a)(4)(A) above, the hospital may not submit additional information with respect to the DRG assignment or otherwise revise its claim.

b) Illinois Rates for Admissions on or after October 1, 1992 ~~September 1, 1991~~

1) ~~Interim Reimbursement System.~~ Reimbursement to hospitals for claims for admissions occurring prior to October 1, 1992, shall be calculated and paid in accordance with the statutes and administrative rules governing the time period when the services were rendered. The payments described in Sections 149.5 through ~~thru~~ 149.325 and 89 Ill. Adm. Code 148.250 ~~148.240~~ through 148.300 shall be effective for admissions on and after October 1, 1992 ~~September 1, 1991.--In the interim, hospitals shall be reimbursed on a per diem basis for admissions on and after September 1, 1991, as follows:~~

~~A) Hospitals that, on August 31, 1991, have a contract with the Department under Section 3-4 of the Illinois Health Finance Reform Act shall elect to receive interim reimbursement under one of the reimbursement methodologies listed below:~~

~~i) The hospital's weighted average contracting rate as stated in the most recently negotiated contract.~~

~~ii) The payment methodology in effect August 31, 1991 for non-contracting hospitals in accordance with 89 Ill. Adm. Code 148.220.~~

~~B) Hospitals that, on August 31, 1991, do not have a contract with the Department under Section 3-4 of the Illinois Health Finance Reform Act shall continue to be reimbursed based upon the payment methodology in effect August 31, 1991, as outlined in 89 Ill. Adm. Code 148.220.~~

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Section 149.100(b) (continued)

~~2) The interim per diem reimbursement system will be replaced by the Medicaid Prospective Payment System no later than April 1, 1992 and appropriate adjustments will be made to adjust payments previously made under the interim per diem reimbursement system.--The reimbursement methodologies described in 89 Ill. Adm. Code Part 149 and 148.240 through 148.300 shall be retroactive for admissions on or after September 1, 1991.~~

~~3) The payments described in Section 149.125(a)(2) shall be effective on or after July 1, 1991.--The payments described in Section 149.125(a)(3) shall be effective on or after August 1, 1991.--In the interim, hospitals will continue to receive their disproportionate share reimbursement rate which was in effect on June 30, 1991.--Once the Fiscal Year 1992 determination has been made and rates have been calculated for Fiscal Year 1992, appropriate adjustments will be made to the interim disproportionate share rates.~~

~~4) The payments described in 89 Ill. Adm. Code 148.240 through 148.330 shall be effective for services provided on or after September 1, 1991.~~

2)~~5)~~ The payments described in 89 Ill. Adm. Code 148.80 shall be effective for services provided on or after July 1, 1992 ~~September 1, 1991~~.

c) Determining Prospective Payment Rates.

1) For the rate period beginning October 1, 1992, the ~~The~~ Department shall reimburse hospitals for inpatient services at the federal/regional blended rate per discharge for the Medicare Program, which includes the hospital-specific portion as described in subsection (c)(2) below, if applicable, in effect on July 1, 1992 ~~September 1, 1991~~, and as computed by the PPS Pricer, Version 92.0 ~~10.2, distributed to Medicare intermediaries on January 9, 1991~~.

2) The hospital-specific portion is defined as the specific status and any applicable add-ons under the Medicare Program in recognition of sole community hospitals, rural referral centers, Medicare dependent hospitals, and rural hospitals deemed urban.

3) The DRG PPS base rate shall be defined as the sum of the amounts computed under subsections (c)(1) and (c)(2), multiplied by the Illinois weighting factor assigned to the DRG into which the

Section 149.100(c)(3) (continued)

case has been classified.

4) In addition to the DRG PPS base rate defined in subsection (c)(3), hospitals shall receive applicable outlier adjustments, in accordance with Section 149.105; a per case add-on for health care education payments, in accordance with Section 149.140; per case add-ons for indirect medical education costs, capital costs, direct medical education costs, and CRNA costs in accordance with Section 149.150(c); ~~any applicable add-on for blood clotting factor in accordance with Section 149.150(c)(6);~~ applicable adjustments for disproportionate share and uncompensated care in accordance with 89 Ill. Adm. Code 148.120, or if applicable, 148.150; applicable adjustments for trauma admissions in accordance with 89 Ill. Adm. Code 148.290(c); and, on a retrospective basis, any applicable adjustment for kidney acquisition costs in accordance with Section 149.150(c)(5).

d) Application of Upper Payment Limits. The Department shall adjust each of the prospective payment rates determined under subsection (c) above (with the exception of disproportionate share payment adjustments made in accordance with 89 Ill. Adm. Code 148.120) to ensure that aggregate payments do not exceed the amount that can reasonably be estimated would have been paid under Medicare payment principles, in compliance with 42 CFR 447.272, Application of Upper Payment Limits.

(Source: Emergency amendment at 16 Ill. Reg. 14733, effective October 1, 1992, for a maximum of 150 days)

Section 149.105 Payment For Outlier Cases
EMERGENCY

a) General Provisions

1) Basic Rule

A) Except as provided in subsections (a)(1)(B) and (a)(1)(C), the Department provides for additional payment, approximating a hospital's marginal cost of care beyond thresholds specified by the Department, to a hospital for covered inpatient hospital services furnished to a Medicaid client, if either of the following conditions apply:

i) The client's length of stay (including up to three

Section 149.105(a)(1)(A)(i) (continued)

administrative days) exceeds the day outlier threshold, determined by the Department, for the appropriate applicable DRG. The threshold is set at the lesser of the geometric mean length of stay plus 27 ~~24~~ days, or the geometric mean length of stay plus three (3) standard deviations.

ii) The hospital's charges for covered services furnished to the client, adjusted to cost by applying a cost-to-charge ratio, as described in subsection (c)(3), exceed the greater of $34,000 as adjusted for the hospital's labor market ~~$29,584~~, or the hospital's DRG PPS base rate as described in Section 149.100(b)(2)(C) multiplied by two (2).

B) The Department will provide cost outlier payments to a transferring hospital reimbursed under the DRG PPS that does not receive payment under subsection (b) of this Section for discharges specified in Section 149.25(b)(4)(B), if the hospital's charges for covered services furnished to the client, adjusted to cost by applying a cost-to-charge ratio, as described in subsection (c)(3), exceed the greater of the criteria specified in subsection (a)(1)(A)(ii).

C) The Department will not provide outlier payments for:

i) Discharges classified as psychiatric care (DRG's ~~DRGs~~ 424-432). Such care provided by other than hospitals or distinct part units enrolled with the Department to provide psychiatric care (category of service 21) is limited to emergency treatment, to last no longer than three days.

ii) Discharges assigned to DRG's ~~DRGs~~ with an Illinois weighting factor of zero (0.0000).

2) The Department or its designee may review outlier cases on a prepayment or postpayment review basis. The charges for any services identified as noncovered through this review will be denied and any outlier payment having been made for those services will be recovered, as appropriate, after a determination as to the provider's liability has been made. If the Department or its designee finds a pattern of inappropriate utilization by a hospital, all outlier cases from that hospital

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Section 149.105(a)(2) (continued)

are subject to medical review, and this review may be conducted prior to payment until the Department or its designee determines that appropriate corrective actions have been taken. The Department, or its designee, must review and approve, to the extent required by the Department:

A) The admission was medically necessary and appropriate.

B) The medical necessity and appropriateness of the admission and outlier services in the context of the entire stay.

C) The services were ordered by the physician, actually furnished, and nonduplicatively billed.

D) The validity of the diagnostic and procedural coding.

E) The granting of up to three administrative (grace) days during which the hospital is seeking an appropriate setting into which to discharge a nonacute patient.

b) Payment for Extended Length-of-Stay Cases (Day Outliers)

1) If the hospital stay includes covered days of care beyond the applicable threshold criterion, the Department will make an additional payment, on a per diem basis, to the discharging hospital for those days and the transferring hospital for DRG's 385, 456, or 985 only. A special request or submission is not necessary to initiate this payment.

2) Except as provided in subsections (b)(3) or (d), the per diem payment made under subsection (b)(1) is derived by first taking 60 percent of the per diem payment for the applicable DRG, as calculated by dividing the DRG PPS rate, determined under 89 Ill. Adm. Code 149.100 by the mean length-of-stay for that DRG.

3) The per diem payment made under subsection (b)(1) for burn discharge (DRG's ~~DRGs~~ 456-460) is derived under the provisions of subsection (b)(2), except that the calculation is 90 percent of the per diem payment of the applicable DRG.

4) Any days in a covered stay identified as noncovered reduce the number of days reimbursed at the day outlier rate but not to exceed the number of days that occur after the day outlier threshold.

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Section 149.105 (continued)

c) Payment for Extraordinarily High Cost Cases (Cost Outliers)

1) If the hospital charges, as adjusted by the method specified in subsection (c)(3) exceed the applicable threshold criterion, the Department will make an additional payment to the ~~discharging~~ hospital to cover those costs. A special request or submission is not necessary to initiate this payment.

2) The Department will reimburse the cost of the discharge on the billed charges for covered inpatient services, adjusted by a cost-to-charge ratio as described in subsection (c)(3).

3) The cost-to-charge ratio used to adjust covered charges is computed annually by the Department for each hospital based on the hospital's base fiscal year ~~(i.e., Calendar Year 1989 for Fiscal Year 1992 payments) and charge data for UB-82 Uniform Billing Forms for all claims for inpatient services provided to Medicaid recipients in the previous state fiscal year which have been paid by the Department~~. Statewide cost-to-charge ratios are used in those instances in which a hospital's cost-to-charge ratio falls outside reasonable parameters or cannot be computed due to a lack of information (e.g., a new hospital for which the Department is not in possession of the required historical information).

4) If any of the services are determined to be noncovered, the charges for those services will be deducted from the requested amount of reimbursement but not to exceed the amount claimed above the cost outlier threshold.

5) Except as provided in subsection (c)(6), the additional amount is 75 percent of the difference between the hospital's adjusted cost for the discharge (as determined under subsection (c)(3)) and the threshold criteria established under subsection (a)(1)(A)(ii).

6) The additional payment amount for burn cases (DRG's ~~DRGs~~ 456-460) is computed under the provisions of subsection (c)(5), except that the payment is 90 percent of the difference between the hospital's adjusted cost for the discharge and the threshold criteria.

d) Payment for Extraordinarily High Cost Day Outliers. If a discharge qualifies for an additional payment under the provisions of both subsections (b) and (c), the additional payment is the greater of the following:

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Section 149.105(d) (continued)

1) The payment computed under subsection (b) above.

2) The payment computed under subsection (c) above.

(Source: Emergency amendment at 16 Ill. Reg. 14733, effective October 1, 1992, for a maximum of 150 days)

Section 149.125 Special Treatment of Certain Facilities
EMERGENCY

a) General Rules

1) Sole Community Hospitals. Hospitals defined as sole community hospitals shall, under subsection (b), have the choice of being reimbursed under the DRG PPS methodology, as described in Sections 149.5 ~~149.25~~ through ~~149.105 and~~ 149.150, or the Department's Alternate Reimbursement methodology as described in 89 Ill. Adm. Code 148.250 ~~148.240~~ through 148.300.

2) Hospitals that Serve a Disproportionate Share of Low Income Patients. The Department shall make additional payments to hospitals that serve a disproportionate share of low income patients. The criteria and methodologies for such additional payments are set forth in 89 Ill. Adm. Code 148.120 and include applicable additional payments for targeted access care, critical access care and uncompensated care.

3) Uncompensated Care Adjustments for Nondisproportionate Share Hospitals. The Department shall make an additional payment to nondisproportionate share hospitals that provide equal access to low income persons. The criteria and methodology for this additional payment are set forth in 89 Ill. Adm. Code 148.150.

4) Trauma Center Adjustments. The Department shall make additional payments to trauma centers as set forth in 89 Ill. Adm. Code 148.290(c).

b) Criteria for Classification as a Sole Community Hospital. "Medicaid Sole Community Provider" means a hospital that meets one of the following criteria:

1) Any hospital designated as a "sole community provider" by the U.S. Department of Health and Human Services for purposes of reimbursement under the federal Medicare Program effective

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Section 149.125(b)(1) (continued)

September 1, 1992; or

2) Any hospital located outside of a metropolitan statistical area that serves 55 percent or more of the Medicaid patients residing within the hospital's primary service area for the provision of inpatient hospital services. "Primary service area" means the geographic area defined by U.S. Postal Service Zip Codes in which 50 percent or more of a hospital's inpatients reside. The data used to make this determination will be from the Illinois Health Care Cost Containment Council (IHCCCC) for the most recent four quarters for which information is available.

(Source: Emergency amendment at 16 Ill. Reg. 14733, effective October 1, 1992, for a maximum of 150 days)

Section 149.140 Methodology for Determining Primary Care Access Health Care
EMERGENCY Education Payments

a) Payments will be made to qualifying teaching hospitals for the purpose of encouraging medical schools and affiliated teaching hospitals to increase the number and to promote the education of primary health care professionals and the placement of those professionals in areas of the state that suffer a shortage of medical professionals.

b) Definitions.

1) "Full-time equivalent resident" means residents, as defined by the federal Department of Health and Human Services, and allowed to be reported on the Medicare cost report on file with the Department for the latest cost report period ending between nineteen (19) and thirty (30) months prior to the beginning of the fiscal year in which the rate period begins.

2) "Major academic hospital" means a hospital located in the State of Illinois with at least three hundred fifty (350) acute care, inpatient beds and at least one hundred thirty (130) full-time equivalent residents. The source of information on acute care, inpatient beds will be the most recent available American Hospital Association Guide.

3) "Qualified rotation setting" means any of the following:

A) A primary care clinic that has thirty-five (35) per centum

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Section 149.140(b)(3)(A) (continued)

or more of its annual patients eligible for medical assistance.

B) A primary care clinic that pledges to serve 500 or more individuals participating in the Department's Healthy Moms/Healthy Kids program.

C) A federally qualified health center.

D) A rural health center.

c) Initiative Goals. The goals of this initiative are to direct state resources into incentives that will:

1) Increase the number of primary health care professionals trained in community primary care settings.

2) Increase the number of primary health care professionals providing thorough medical services to persons eligible for medical assistance.

3) Decrease the number of non-urgent hospital emergency room visits.

4) Promote cooperation among medical schools, major teaching hospitals, and primary care providers to develop programs that will:

A) Encourage medical students to select primary care specialities.

B) Establish and staff clinics that are located in medically underserved areas or underserved Medicaid areas.

C) Promote the use of preventive care.

d) Participation Requirements.

1) Major academic hospitals must enroll with the Department to participate in the initiative.

2) Hospitals receiving payments under this initiative are to use these payments for the establishment of new programs or the enhancement of existing programs that will place residents in qualified rotation settings and achieve the goals described in subsection (c) above.

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Section 149.140(d) (continued)

3) Hospitals receiving payments under this incentive must comply with reporting requirements as described in subsection (f) below.

e) Payment methodology. Payments will be made as an add-on for any DRG PPS discharge from a participating hospital. The amount of that payment shall be a per discharge amount which will be the quotient of the hospital-specific incentive level divided by the number of DRG PPS discharges expected, by the Department, to occur during the rate period. The hospital-specific incentive level shall be determined as follows:

1) For rate periods beginning on or after October 1, 1992 the hospital-specific incentive level shall be the product of the annual resident funding factor, which for rate periods beginning on or after October 1, 1992, shall be $7,500, and the number of countable residents, which is the lesser of:

A) The total number of full-time equivalent residents.

B) Sixty (60) per centum of the number of acute care inpatient beds.

2) Each as used to qualify the hospital as a major teaching institution.

f) Reporting requirements. Participating hospitals must provide the Department with data and other information the Department deems necessary to determine eligibility for participation, and to monitor and evaluate this initiative.

(Source: Emergency rule added at 16 Ill. Reg. 14733, effective October 1, 1992, for a maximum of 150 days)

Section 149.150 Payments to Hospitals Under the DRG Prospective Payment System
EMERGENCY

a) Total Medicaid Payment. Under the DRG PPS, the total payment for inpatient hospital services furnished to a Medicaid client by a hospital will equal the sum of the payments listed in subsections (b) through (c). In addition to the payments listed in subsections (b) through (c) of this Section, hospitals shall also receive applicable disproportionate share adjustments in accordance with 89 Ill. Adm. Code 148.120, if applicable, ~~and~~ uncompensated care adjustments in accordance with 89 Ill. Adm. Code 148.150, if applicable, and trauma

Section 149.150(a) (continued)

center adjustments in accordance with 89 Ill. Adm. Code 148.290(c), if applicable.

b) Payments Determined on a Per Case Basis. A hospital will be paid on a per case basis (with the exception of kidney acquisition costs ~~and blood clotting factor costs~~) the following amounts:

1) the appropriate DRG PPS rate for each discharge as determined in accordance with Section 149.100(b)(2).

2) The appropriate outlier payment amounts determined under Section 149.105.

3) Capital related costs as determined under subsection (c)(1) below.

4) Direct medical education costs as determined under subsection (c)(2) below.

5) Indirect medical education costs as determined under subsection (c)(3) below.

6) Anesthesia services of hospital employed nonphysician anesthetists (Certified Registered Nurse Anesthetists or "CRNAs") as set forth in Section 6132(a) of the Omnibus Budget Reconciliation Act of 1989 and in accordance with subsection (c)(4).

7) Kidney acquisition costs ~~Acquisition Costs~~ in accordance with subsection (c)(5).

8) Primary care access health care education payments, if applicable, in accordance with Section 149.140. ~~Blood Clotting Factor Administered to Hemophilia Inpatients in accordance with subsection (c)(6).~~

c) Payments for Capital, Direct Medical Education, Indirect Medical Education, CRNA, and Kidney Acquisition ~~and Hemophilia Inpatient Blood Clotting Factor~~ Costs. These costs shall be paid on a per case basis, with the exception of kidney acquisition costs ~~and blood clotting factor costs~~, and shall be calculated as follows:

1) Capital Related Costs

A) The capital related cost per diem shall be calculated by

Section 149.150(c)(1)(A) (continued)

taking the hospital's total capital related costs as reported on the hospital's latest audited Medicare cost report on file with the Department for the base period as defined in 89 Ill. Adm. Code 148.25(g)(1), ~~(i.e., two hospital report years, 1988 and 1989, are used for FY'92 rates, 1989 and 1990 for FY'93, etc.)~~ divided by the hospital's total inpatient days, trended forward to the midpoint of the ~~current~~ rate period ~~year~~ using the national total hospital market basket price proxies (DRI).

B) These two trended capital related cost per diems are then added together and divided by two to calculate the hospital's adjusted capital related cost per diem.

C) The adjusted capital related cost per diem amount, as calculated in subsection (c)(1)(B) above, shall be rank ordered for all hospitals and capped at the 80th percentile.

D) Each hospital shall receive a per case ~~diem~~ add-on for capital related costs which shall be equal to the amount calculated in subsection (c)(1)(B) or subsection (c)(1)(C) above, whichever is less, multiplied by the hospital's average length of stay for services reimbursed under the DRG PPS.

2) Direct Medical Education Costs

A) The direct medical education cost per case shall be calculated by taking the hospital's inpatient ~~total~~ direct medical education costs as reported on the hospital's latest audited Medicare cost report on file with the Department for the base period as defined in 89 Ill. Adm. Code 148.25(g)(1), ~~(i.e., two hospital report years, 1988 and 1989, are used for FY'92 rates, 1989 and 1990 for FY'93, etc.)~~ divided by the hospital's total inpatient days, trended forward to the midpoint of the ~~current~~ rate period ~~year~~ using the national total hospital market basket price proxies (DRI).

B) These two trended direct medical education costs per diems are then added together and divided by two to calculate the hospital's adjusted direct medical education cost per diem.

C) The adjusted direct medical education cost per diem amount, as calculated in subsection (c)(2)(B) above, shall be rank

Section 149.150(c)(2)(C) (continued)

ordered for all hospitals reporting such costs and capped at the 80th percentile.

D) Each hospital shall receive a per case add-on for direct medical education costs which shall be equal to the amount calculated in subsection (c)(2)(B) or subsection (c)(2)(C) above, whichever is less, multiplied by the hospital's average length of stay for services reimbursed under the DRG PPS.

3) Determination of Indirect Medical Education Adjustment Factor. To determine the indirect medical education factor, the Department shall use the indirect medical education factors as determined by HCFA ~~and found in the DRG Pricer, Version 10.2~~ in effect on September 1, 1992. This factor shall be multiplied by the sum of the result of the calculation described in Section 149.100(c)(3) plus any applicable outlier payments as described in Section 149.105.

4) CRNA Costs

A) Only hospitals that qualify for these payments under the Medicare Program ~~(Section 5261 of HCFA 14-3 Update, 3-1-91)~~ effective September 1, 1992, shall be eligible for these payments.

B) The CRNA cost per case amount shall be calculated by taking the hospital's total CRNA costs (as reported on the hospital's latest audited Medicare cost report on file with the Department for the base period as defined in 89 Ill. Adm. Code 148.25(g)(1), ~~(i.e., hospital report year 1989 is used for FY'92 rates, 1990 for FY'93, etc.)~~ divided by the hospital's total inpatient days, trended forward to the midpoint of the ~~current~~ rate period ~~year~~ using the national total hospital market basket price proxies (DRI).

C) Each qualifying hospital, as described in subsection (c)(4)(A) above, shall receive a per case add-on for CRNA costs which shall be equal to the amount calculated under subsection (c)(4)(B) above, multiplied by the hospital's average length of stay for services reimbursed under the DRG PPS.

5) Kidney Acquisition Costs. Kidney Acquisition Costs shall be reimbursed on a retrospective basis. The reimbursement shall be

Section 149.150(c)(5) (continued)

calculated by multiplying the hospital's total charges for the kidney acquisition by the hospital's cost-to-charge ratio as described in Section 149.105(c)(3).

6) In the event that an audited cost report is not available at the time the rates are calculated, the unaudited report for the applicable period will be used for the calculation of interim rates. Upon completion of the audit rate shall be recalculated. Payments made under the interim rate shall be reconciled.

7) A hospital wishing to appeal the calculation of its rates must notify the Department within 30 days after receipt of the rate change notification.

~~6) Payment for Blood Clotting Factor Administered to Hemophilia Inpatients.~~

~~A) The blood clotting factor adjustment shall be based upon a predetermined price per international unit (IU) of blood clotting factor (as determined under the Medicare Program effective September 1, 1991) multiplied by the number of units provided.~~

~~B) Three separate adjustment amounts shall be made, one for each of the three basic types of clotting factor (Factor VIII, Factor IX and other factors which are given to the patients with inhibitors to Factors VIII and IX). The adjustment amounts for the three types of blood clotting factor per unit are:~~

~~i) Factor VIII, viral inactivated, $.64 per IU~~

~~ii) Factor IX, complex, heat treated, $.26 per IU~~

~~iii) Other hemophilia clotting factors (e.g., anti clotting inhibitors), $1.00 per IU~~

d) Method of Payment

1) General Rule. Unless the provisions of subsection (d)(2) apply, hospitals are paid for each discharge based on the submission of a discharge bill. Payments for inpatient hospital services furnished by an excluded distinct part psychiatric or a rehabilitation unit of a hospital are made in accordance with 89 Ill. Adm. Code 148.270(b).

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Section 149.150(d) (continued)

2) Special Interim Payment for Unusually Long Lengths of Stay

A) First Interim Payment. A hospital may request an interim payment after a Medicaid client has been in the hospital at least 60 days. Payment for the interim bill is determined as if the bill were a final discharge bill and includes any outlier payment determined as of the last day for which services have been billed.

B) Additional Interim Payments. A hospital may request additional interim payments at intervals of at least 60 days after the date of the first interim bill submitted under subsection (d)(2)(A). Payment for these additional interim bills, as well as the final bill, is determined as if the bill were the final bill with appropriate adjustments made to the payment amount to reflect any previous interim payment made under the provisions of subsection (d)(2).

3) Outlier Payments. Except as provided in subsection (d)(2), payment for outlier cases (described in Section 149.105) are not made on an interim basis. The outlier payments are made based on submitted bills and represent final payment.

e) Reductions to Total Payments

1) Copayments. Copayments are assessed under all medical programs administered by the Department and shall be assessed in accordance with 89 Ill. Adm. Code 148.190.

2) Third Party Payments. Hospitals shall determine that services rendered are not covered, in whole or in part, under any other state or federal medical care program or under any other private group indemnification or insurance program, health maintenance organization, preferred provider organization, workers compensation or the tort liability of any third party. To the extent that such coverage is available, the Department's payment obligation shall be reduced.

f) Effect of Change of Ownership on Payments Under the DRG Prospective Payment System. When a hospital's ownership changes, the following rule applies: Payment for the cost of inpatient hospital services for each patient, including outlier payments, as provided under subsection (b) above, will be made to the entity that is the legal owner on the date of discharge. Payments will not be prorated

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Section 149.150(f) (continued)

between the buyer and seller.

1) The owner on the date of discharge is entitled to submit a bill for all inpatient hospital services furnished to a Medicaid client regardless of when the client's coverage began or ended during a stay, or of how long the stay lasted.

2) Each bill submitted must include all information necessary for the Department to compute the payment amount, whether or not some of the information is attributable to a period during which a different party legally owned the hospital.

(Source: Emergency amendment at 16 Ill. Reg. 14733, effective October 1, 1992, for a maximum of 150 days)

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1) Heading of the Part: General Assistance

2) Code Citation: 89 Ill. Adm. Code 114

3) Section Number: Emergency Action:

114.440 New Section

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 6-1 et seq. and 12-13)

5) Effective Date of Amendments: September 15, 1992

6) If these Emergency Amendments are to expire before the end of the 150-day period, please specify the date on which it is to expire: Not applicable

7) Date Filed in Agency's Principal Office: September 15, 1992

8) Reason for Emergency: These emergency amendments are being filed pursuant to Public Act 87-686 which was effective July 1, 1992. These proposed amendments allow for the payment of attorney's fees for representation of General Assistance recipient in an appeal of any claim for federal veterans' benefits which is decided in favor of the recipient.

9) Complete Description of the Subjects and Issues Involved: In accordance with Public Act 87-686, this rulemaking allows for the payment of attorney's fees for representation of a General Assistance (GA) recipient in an appeal of any claim for federal veterans' benefits which is decided in favor of the recipient. Under a state law passed in the 1991 session (HB 2234), payments to attorneys who seek veterans' benefits for eligible GA clients should eventually be offset with a positive gain in grant cost avoidance. Because veterans' benefits of $616 per month are treated as countable income, many cases should be cancelled.

Eligibility by the Veterans' Administration requires total disability from any cause by the veteran who was in military service during a designated wartime period. Accordingly, the remaining eligible population is probably very low at this time. Calculation of savings, however, is based upon the remaining time on assistance since, unlike SSI, interim payments from the recipients date of application are not recoverable from the Veterans' Administration. Consequently, there has been no mechanism to compensate attorneys in successful cases.

10) Are there any Proposed Amendments pending to this Part? Yes

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Section	Proposed Action	Illinois Register Citation
114.1	Amendment	July 17, 1992 (16 Ill. Reg. 11401)
114.1	Amendment	September 11, 1992 (16 Ill. Reg. 13766)
114.2	Amendment	July 17, 1992 (16 Ill. Reg. 11401)
114.2	Amendment	September 11, 1992 (16 Ill. Reg. 13766)
114.9	Amendment	September 4, 1992 (16 Ill. Reg. 13395)
114.270	Repeal	September 25, 1992 (16 Ill. Reg. _____)
114.351	Amendment	July 17, 1992 (16 Ill. Reg. 11401)
114.351	Amendment	September 11, 1992 (16 Ill. Reg. 13766)
114.352	Amendment	July 17, 1992 (16 Ill. Reg. 11401)
114.352	Amendment	September 11, 1992 (16 Ill. Reg. 13766)
114.353	Amendment	July 17, 1992 (16 Ill. Reg. 11401)
114.353	Amendment	September 11, 1992 (16 Ill. Reg. 13766)
114.420	Amendment	September 25, 1992 (16 Ill. Reg. _____)

11) Statement of Statewide Policy Objectives: These emergency amendments do not affect units of local government.

12) Information and questions regarding these Amendments shall be directed to:

Name: Judy Umunna
Bureau of Rules and Regulations

Address: Illinois Department of Public Aid
Jesse B. Harris Building II
100 South Grand Avenue East, 3rd Floor
Springfield, Illinois 62762

Telephone: 217/524-3215

The full text of the Emergency Amendments begins on the next page:

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NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 114
GENERAL ASSISTANCE

SUBPART A: GENERAL PROVISIONS

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114.1 Description of the Assistance Program
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114.2 Determination of Not Employable
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SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section
114.9 Client Cooperation
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114.64 Responsibility to Seek Employment (Outside City of Chicago only)
114.70 Initial Employment Expenses (Outside City of Chicago only)
114.80 Downstate General Assistance Work and Training Programs
114.85 Downstate General Assistance - Food Stamps Employment and Training Pilot Project
114.90 Project Chance Participation/Cooperation Requirements (Renumbered)
114.100 General Assistance Jobs Program (Repealed)

SUBPART C: PROJECT ADVANCE

Section
114.108 Project Advance
114.109 Project Advance Participation Requirements of Adjudicated Fathers
114.110 Project Advance Cooperation Requirements of Adjudicated Fathers
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AUTHORITY: Implementing Article VI and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 6-1 et seq. and 12-13)

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979, peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill.

Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 7, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 9909, effective August 5, 1983; amended (by adding section being codified with no substantive change) at 7 Ill. Reg. 14747; amended (by adding section being codified with no substantive change) at 7 Ill. Reg. 16107; amended at 7 Ill. Reg. 16408, effective November 30, 1983; amended at 7 Ill. Reg. 16652, effective December 1, 1983; amended at 8 Ill. Reg. 243, effective December 27, 1983; amended at 8 Ill. Reg. 5233, effective April 9, 1984; amended at 8 Ill. Reg. 6764, effective April 27, 1984; amended at 8 Ill. Reg. 11435, effective June 27, 1984; amended at 8 Ill. Reg. 13319, effective July 16, 1984; amended at 8 Ill. Reg. 16237, effective August 24, 1984; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17896; amended at 9 Ill. Reg. 314, effective January 1, 1985; emergency amendment at 9 Ill. Reg. 823, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9557, effective June 5, 1985; amended at 9 Ill. Reg. 10764, effective July 5, 1985; amended at 9 Ill. Reg. 15800, effective October 16, 1985; amended at 10 Ill. Reg. 1924, effective January 17, 1986; amended at 10 Ill. Reg. 3660, effective January 30, 1986; emergency amendment at 10 Ill. Reg. 4646, effective February 3, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 4896, effective March 7, 1986;

amended at 10 Ill. Reg. 10681, effective June 3, 1986; amended at 10 Ill. Reg. 11041, effective June 5, 1986; amended at 10 Ill. Reg. 12662, effective July 14, 1986; amended at 10 Ill. Reg. 15118, effective September 5, 1986; amended at 10 Ill. Reg. 15640, effective September 19, 1986; amended at 10 Ill. Reg. 19079, effective October 24, 1986; amended at 11 Ill. Reg. 2307, effective January 16, 1987; amended at 11 Ill. Reg. 5297, effective March 11, 1987; amended at 11 Ill. Reg. 6238, effective March 20, 1987; emergency amendment at 11 Ill. Reg. 12449, effective July 10, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 12948, effective August 1, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 18311, effective November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 18689, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 18791, effective November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20129, effective December 4, 1987; amended at 11 Ill. Reg. 20889, effective December 14, 1987; amended at 12 Ill. Reg. 889, effective January 1, 1988; SUBPARTS C, D and E recodified to SUBPARTS E, F and G at 12 Ill. Reg. 2147; Section 114.110 recodified to Section 114.52 at 12 Ill. Reg. 2984; amended at 12 Ill. Reg. 3505, effective January 22, 1988; amended at 12 Ill. Reg. 6170, effective March 18, 1988; amended at 12 Ill. Reg. 6719, effective March 22, 1988; amended at 12 Ill. Reg. 9108, effective May 20, 1988; amended at 12 Ill. Reg. 9699, effective May 24, 1988; amended at 12 Ill. Reg. 9940, effective May 31, 1988; amended at 12 Ill. Reg. 11474, effective June 30, 1988; amended at 12 Ill. Reg. 14255, effective August 30, 1988; emergency amendment at 12 Ill. Reg. 14364, effective September 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16729, effective September 30, 1988; amended at 12 Ill. Reg. 20171, effective November 28, 1988; amended at 13 Ill. Reg. 89, effective January 1, 1989; amended at 13 Ill. Reg. 1546, effective January 20, 1989; amended at 13 Ill. Reg. 3900, effective March 10, 1989; amended at 13 Ill. Reg. 8580, effective May 20, 1989; emergency amendment at 13 Ill. Reg. 16169, effective October 2, 1989 for a maximum of 150 days; emergency expired March 1, 1990; amended at 13 Ill. Reg. 16015, effective October 6, 1989; amended at 14 Ill. Reg. 746, effective January 1, 1990; amended at 14 Ill. Reg. 3640, effective February 23, 1990; amended at 14 Ill. Reg. 6360, effective April 16, 1990; amended at 14 Ill. Reg. 10929, effective June 20, 1990; amended at 14 Ill. Reg. 13215, effective August 6, 1990; amended at 14 Ill. Reg. 13777, effective August 10, 1990; amended at 14 Ill. Reg. 14162, effective August 17, 1990; amended at 14 Ill. Reg. 17111, effective September 30, 1990; amended at 15 Ill. Reg. 288, effective January 1, 1991; amended at 15 Ill. Reg. 5710, effective April 10, 1991; amended at 15 Ill. Reg. 11164, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3512, effective February 20, 1992; emergency amendment at 16 Ill. Reg. 4540, effective March 10, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 11662, effective July 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 13297, effective August 15, 1992; emergency amendment at 16 Ill. Reg. 13651, effective September 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14769, effective September 15, 1992, for a maximum of 150 days.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE

SUBPART G: OTHER PROVISIONS

Section 114.440 Attorney's Fees for VA Appellants
EMERGENCY

a) The Department will pay any attorney or advocate working under the supervision of an attorney, who represents a recipient of the General Assistance (GA) program in an appeal of any claim for federal Veterans' benefits before a hearing officer at a Veterans' Administration Regional Office or upon an initial appeal to the Board of Veterans' Appeals, which is decided in favor of the recipient. The amount of the payment will be 25% of the maximum federal Supplemental Security Income grant payable to the individual for a period of one (1) year.

b) To secure payment the attorney/advocate must submit his/her request for payment to the Illinois Department of Public Aid. The request for payment must be postmarked no more than sixty (60) days from the date of the notice of the favorable decision by the Hearing Officer. The following information must be included with the request:

1) proof that the attorney/advocate represented the client;

2) a copy of the favorable decision;

3) the attorney's/advocate's bill;

4) the GA recipient's name, address and Public Aid case number; and

5) the attorney's/advocate's Federal Employee Identification number or Social Security number.

c) The Department will make payment within thirty (30) days of receipt of the information listed above.

d) The attorney/advocate must agree to waive the right to charge or collect fees and expenses from the GA recipient.

(Source: Emergency rule added at 16 Ill. Reg. 14769, effective September 15, 1992, for a maximum of 150 days)

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Hospital Services

2) Code Citation: 89 Ill. Adm. Code 148

3)

Section Numbers:	Emergency Action:
148.25	New Section
148.30, 148.40, 148.50	Amendment
148.60, 148.70, 148.120	Amendment
148.130, 148.140, 148.150	Amendment
148.160, 148.170, 148.180	Amendment
148.190, 148.200, 148.210	Amendment
148.220, 148.230, 148.240	Amendment
148.250, 148.260, 148.270	Amendment
148.280, 148.290, 148.310	Amendment
148.320	Amendment

4) Statutory Authority: Articles III, IV, V, VI, VII and Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13) and Public Act 87-861, effective July 8, 1992.

5) Effective Date of Amendments: October 1, 1992

6) If these Emergency Amendments are to expire before the end of the 150-day period, please specify the date on which it is to expire: Not Applicable

7) Date Filed in Agency's Principal Office: October 1, 1992

8) Reason for Emergency:

These emergency amendments are being filed to implement hospital reimbursement provisions of the Medicaid Revenue Act (Public Act 87-861, House Bill 2758) which are effective October 1, 1992. These hospital reimbursement provisions must be implemented October 1, 1992, to insure continued provision of adequate hospital services for Medicaid clients. The Medicaid Revenue Act, which was enacted effective July 8, 1992, specifically authorizes the Department to use emergency rulemaking to implement its provisions.

9) Complete Description of the Subjects and Issues Involved:

The Department of Public Aid is adopting extensive changes in its rules governing payment for hospital services (89 Ill. Adm. Code 148) on an emergency basis. These rules specify the basic methodology for reimbursement of hospital services for Medicaid clients. An alternative methodology is provided in the Department's rules on the Diagnosis Related

Grouping (DRG) Prospective Payment System (PPS) (89 Ill. Adm. Code 149). These emergency changes are required to update the rules for implementation of the revised reimbursement procedures which take effect on October 1, 1992, under the Medicaid Revenue Act (Public Act 87-861). Since changes are being made to most aspects of hospital reimbursement under these amendments, all of the changes cannot be summarized here in detail. Interested persons should review the amendments closely.

Many of the changes are clarifications of definitions and procedures including reimbursement approval procedures, cost report audit procedures, outlier adjustment procedures and utilization review notification procedures. The changes also require hospitals to submit "zero sum" bills, sets minimum reimbursement levels for county hospitals, deletes interim reimbursement language that pertained to FY'92 only, capped hospital distinct part unit rates at three standard deviations above the mean rate, and changed the children's hospital reimbursement methodology to reflect an annual increase equal to the increase in inflation. In addition, the trauma adjustment previously included in the disproportionate share reimbursement methodology has been moved into the prospective reimbursement methodology and expanded to incorporate changes mandated by House Bill 3884. These section also clarify the outpatient reimbursement methodology and grouping system. The changes found in these amendments do not increase aggregate hospital inpatient spending in a significant manner. Outpatient spending in the aggregate is expected to increase by approximately $16 million.

Under the proposed changes in Section 148.120, the qualification criteria for disproportionate share hospitals (DSH) are being changed as follows:

1) Illinois hospitals may qualify if their Medicaid inpatient utilization rate is at least one half a standard deviation above the mean instead of one standard deviation above the mean;

2) Illinois hospitals may qualify if their Medicaid inpatient utilization rate is at least the mean and their Medicaid obstetrical inpatient utilization rate is one standard deviation above the mean Medicaid obstetrical inpatient utlization rate;

3) Illinois hospitals which qualified because they were located in a Health Manpower Shortage Area and had less than one-third excess beds are grandfathered for one year;

4) Level I and level II trauma center Critical Care Access (CCA) hospitals have been moved to the inpatient reimbursement.

The inpatient payment adjustments to DSH hospitals have been changed by deleting the adjustment which was based upon the hospitals' occupancy

ratio, Medicare differential and Medicaid percent. Instead, each hospital will receive an adjustment based upon their Medicaid inpatient utilization rate as follows:

greater than 50%	$275
50% to 74.99%	$175
40% to 49.99%	$150
30% to 39.99%	$100
less than 29.99%	$85

The Targeted Access Payments (TAP) adjustments remain the same except that the total TAP adjustment is now adjusted based upon each hospital's Medicaid inpatient utilization rate (excluding Children's hospitals) as follows:

greater than 45%	110%
25% to 49.99%	50%
less than 24.99%	25%

The uncompensated care payment adjustment is being increased to $52.65 per day from the previous $41.70 per day. In addition, time limitations for additional information used for the DSH determination have been clarified, and adjustment limitations have been included. The estimated annual aggregate spending resulting from these changes for disproportionate share hospitals is not significant at approximately $2 million.

Earlier amendments to these rules were adopted on an emergency basis effective July 10, 1992, to maintain the current hospital payment rates through September 30, 1992, when these revised reimbursement procedures take effect. Related changes are being proposed in the Department's rules on the Diagnosis Related Grouping (DRG) Prospective Payment System (PPS) (89 Ill. Adm. Code 149). In addition, changes are being proposed in the Department's medical payment rules (89 Ill. Adm. Code 140) to directly implement the assessment fees. These related amendments are also being adopted on an emergency basis.

10) Are there any Proposed Amendments pending to this Part? Yes

Sections	Proposed Action	Illinois Register Citation
148.20	Amendment	July 24, 1992 (16 Ill. Reg. 11719)
148.80	Amendment	July 10, 1992 (16 Ill. Reg. 10868)
148.82	New Section	August 21, 1992 (16 Ill. Reg. 12826)
148.140	Amendment	January 31, 1992 (16 Ill. Reg. 1786)

11) Statement of Statewide Policy Objectives: These emergency amendments do not affect units of local government.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

12) Information and questions regarding these Emergency Amendments shall be directed to:

Name: Joanne Jones
Address: Bureau of Rules and Regulations
Illinois Department of Public Aid
100 South Grand Avenue East, Third Floor
Springfield, Illinois 62762
Telephone: (217) 524-3215

The full text of the Emergency Amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 148
HOSPITAL SERVICES

Section
148.10 Hospital Services
148.20 Participation
EMERGENCY
148.25 Definitions and Applicability
EMERGENCY
148.30 General Requirements
EMERGENCY
148.40 Special Requirements
EMERGENCY
148.50 Covered Hospital Services
EMERGENCY
148.60 ~~Hospital~~ Services Not Covered as Hospital Services
EMERGENCY
148.70 Limitation On Hospital Services
EMERGENCY
148.80 Organ Transplants Services Covered Under Medicaid
EMERGENCY
148.90 Heart Transplants (Repealed)
148.100 Liver Transplants (Repealed)
148.110 Bone Marrow Transplants (Repealed)
148.120 Disproportionate Share Hospital (DSH) Adjustments
EMERGENCY
148.130 Outlier Adjustments for Exceptionally Costly Stays
EMERGENCY
148.140 Hospital Outpatient and Clinic Services
EMERGENCY
148.150 Uncompensated Care Payment Adjustment for Nondisproportionate Share
EMERGENCY Hospitals
148.160 Payment Methodology for County-Owned Hospitals in an Illinois a
EMERGENCY County with a Population of Over 3 Million
148.170 Payment Methodology for State-Owned Hospitals in an Illinois a
EMERGENCY County with a Population of Over 3 Million
148.180 Payment for Pre-operative Days, Patient Specific Orders, and
EMERGENCY Services Which Can Be Performed in an Outpatient Setting
148.190 Copayments
EMERGENCY
148.200 Alternate Reimbursement Systems
EMERGENCY
148.210 Filing Cost Reports
EMERGENCY

148.220 Pre September 1, 1991, Admissions
EMERGENCY
148.230 Admissions Occurring on or after September 1, 1991
EMERGENCY
148.240 ~~Prepayment and~~ Utilization Review and Furnishing of Inpatient
EMERGENCY Hospital Services Directly or Under Arrangements
148.250 Determination of Alternate Payment Rates to Certain Exempt Hospitals
EMERGENCY
148.260 Calculation and Definitions of Inpatient Per Diem Rates
EMERGENCY
148.270 Determination of Alternate Costs Per Diem Rates For All Hospitals
EMERGENCY and Payment Rates for Certain Exempt Hospital Units
148.280 Reimbursement Methodologies for Children's Hospitals and Hospitals
EMERGENCY Reimbursed Under Special Arrangements
148.290 Adjustments and Reductions to Total Payments
EMERGENCY
148.300 Payment
148.310 Review Procedure
EMERGENCY
148.320 Alternatives
EMERGENCY
148.330 Exemptions
148.340 Subacute Alcoholism and Substance Abuse Treatment Services
148.350 Definitions
148.360 Types of Subacute Alcoholism and Substance Abuse Treatment Services
148.368 Volume Adjustment (Repealed)
148.370 Payment for Subacute Alcoholism and Substance Abuse Treatment Services
148.373 Utilization (Repealed)
148.376 Utilization, Case-Mix and Discretionary Funds (Repealed)
148.380 Rate Appeals for Subacute Alcoholism and Substance Abuse Treatment Services
148.390 Hearings
148.400 Special Hospital Reporting Requirements

AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act (Ill. Rev. Stat. 1989, ch. 111 1/2, par. 6503-1 et seq.) and implementing and authorized by Articles III, IV, V, VI, VII and Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13)

SOURCE: Sections 148.10 thru 148.390 recodified from 89 Ill. Adm. Code 140.94 thru 140.398 at 13 Ill. Reg. 9572; Section 148.120 recodified from 89 Ill. Adm. Code 140.110 at 13 Ill. Reg. 12118; amended at 14 Ill. Reg. 2553, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 11392, effective July 1, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 15358, effective September 13, 1990; amended at 14 Ill. Reg. 16998, effective October 4, 1990; amended at 14 Ill. Reg. 18293, effective October 30, 1990;

amended at 14 Ill. Reg. 18499, effective November 8, 1990; emergency amendment at 15 Ill. Reg. 10502, effective July 1, 1991, for a maximum of 150 days; emergency expired October 29, 1991; emergency amendment at 15 Ill. Reg. 12005, effective August 9, 1991, for a maximum of 150 days; emergency expired January 6, 1992; emergency amendment at 15 Ill. Reg. 16166, effective November 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 18684, effective December 23, 1991; amended at 16 Ill. Reg. 6255, effective March 27, 1992; emergency amendment at 16 Ill. Reg. 11335, effective June 30, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 11942, effective July 10, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

Section 148.25 Definitions and Applicability
EMERGENCY

a) Payment for hospital inpatient, outpatient and hospital-based clinic services shall be made only to a hospital or a distinct part hospital unit as defined in this Section.

b) The term "hospital" means:

1) For the purpose of hospital inpatient reimbursement, any institution, place, building, or agency, public or private, whether organized for profit or not-for-profit, which is located in the State and is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act or any institution, place, building or agency, public or private, whether organized for profit or not-for-profit, which meets all comparable conditions and requirements of the Hospital Licensing Act in effect for the state in which it is located. In addition, unless specifically indicated otherwise, for the purpose of inpatient reimbursement, the term "hospital" shall also include: A county-owned hospital in a county with a population of over 3 million and a state-owned hospital in a county with a population of over 3 million.

A) The term "county-owned hospital in a county with a population of over 3 million" means a hospital, as defined in subsection (b)(1) above, that is located in the State of Illinois.

B) The term "State-owned hospital in a county with a population of over 3 million" means a hospital, as defined in the University of Illinois Hospital Act.

Section 148.25(b) (continued)

2) For the purpose of hospital outpatient and hospital-based clinic reimbursement, the term "hospital" shall, in addition to the definition described in subsection (b)(1) above, include an encounter rate hospital. An encounter rate hospital is defined as:

A) An Illinois county-owned hospital located in a county with a population exceeding 3 million; or

B) An Illinois county-owned hospital located in a county with a population exceeding 3 million that has provided and that has been paid for 85,000 days or more of inpatient hospital care to recipients of medical assistance during State Fiscal Year 1989; or

C) An Illinois state-owned hospital located in a county with a population exceeding 3 million, or

D) A county-operated outpatient facility located in a county with a population exceeding 3 million that is also located in the State of Illinois.

3) For the purpose of hospital inpatient and outpatient reimbursement, the term "hospital" shall, in addition to the definitions described in subsections (b)(1) and (b)(2) above, include a hospital unit that is adjacent to or on the premises of the hospital and licensed under the Hospital Licensing Act.

4) For the purpose of hospital-based clinic reimbursement, the term "hospital" shall, in addition to the definitions described in subsections (b)(1) and (b)(2) above, include a hospital-based clinic meeting the provisions of 89 Ill. Adm. Code Section 140.461(a)(3).

c) For the purpose of hospital inpatient reimbursement, the term "distinct part hospital unit" means a hospital, as defined in subsection (b)(1) above, that meets the following qualification(s):

1) Distinct Part Psychiatric Units. A distinct part psychiatric unit is a hospital, with a functional psychiatric unit, that is enrolled with the Department to provide inpatient psychiatric services (category of service 21).

2) Distinct Part Rehabilitation Units. A distinct part rehabilitation unit is a hospital, with a functional rehabilitation unit, that is enrolled with the Department to

Section 148.25(c)(2) (continued)

provide inpatient rehabilitation services (category of service 22).

d) A major teaching hospital is defined as a hospital having four or more graduate medical education programs accredited by the American Accreditation Council for Graduate Medical Education or the American Dental Association on Dental Education.

e) A teaching hospital is defined as a hospital having at least one, but no more than three, graduate medical education programs accredited by the American Accreditation Council for Graduate Medical Education or the American Dental Association on Dental Education.

f) A non-teaching hospital is defined as:

1) A hospital that reports teaching costs on the Medicare or Medicaid cost reports but has no graduate medical education programs; or

2) A hospital that reports no teaching costs on the Medicare or Medicaid cost reports and that has no graduate medical education programs.

g) Definitions. Unless specifically stated otherwise, the definitions of terms used in Sections 148.160, 148.170, 148.260, 148.270, and 148.280, and in 89 Ill. Adm. Code 149 are as follows:

1) "Base period" means the two most recent cost report years for which cost reports are available for all hospitals.

2) "Rate period" means beginning with admissions on or after October 1, 1992, the twelve month period beginning on October 1 of the year and ending September 30 of the following year.

(Source: Emergency rule added at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.30 General Requirements
EMERGENCY

a) For the purpose of hospital inpatient, outpatient and hospital-based clinic reimbursement, the following requirements must be met by a hospital to qualify for enrollment in the Illinois Medical Assistance Program: ~~Each hospital, in addition to having a valid, appropriate State license, must have certification for participation in the Title~~

Section 148.30(a) (continued)

~~XVIII Medicare Program or, if not eligible for Medicare accreditation, must be accredited by the Joint Commission on the Accreditation of Hospitals.~~

1) The hospital must be certified for participation in the Medicare Program (Title XVIII) unless the provisions of subsection (b) below apply.

2) If not eligible for or subject to Medicare certification, the hospital must be accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

3) The hospital must agree to accept the Department of Public Aid basis for reimbursement.

b) Hospitals ~~in Illinois~~ shall be required to submit ~~operating~~ Medicaid cost reports to the Office of Health Finance ~~Section~~, Illinois Department of Public Aid, in accordance with Section 148.210, and shall have reimbursable hospital inpatient, ~~and~~ outpatient and hospital-based clinic rates approved by the Department of Public Aid. ~~Hospitals in contiguous States may elect to submit operating cost reports to be eligible for payment on the same basis as hospitals in Illinois.~~

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.40 Special Requirements
EMERGENCY

~~a) Approval by Appropriate State Agency to Provide Certain Services~~

~~To provide services, other than general in-patient and out-patient services, a hospital must be approved by the appropriate State agency to furnish the following services:~~

a)~~1)~~ Inpatient Psychiatric Services

1) Payment for inpatient hospital psychiatric services shall be made only to:

A) A ~~a~~ hospital that is a general hospital, as defined in Section 148.25(b), with a functional unit, as defined in Section 148.25(c)(1), ~~which~~ that specializes ~~in,~~ and is enrolled with the Department to provide~~,~~ psychiatric services; or~~,~~

Section 148.40(a)(1) (continued)

B) A ~~a~~ hospital, as defined in Section 148.25(b), which holds a valid license as, and is enrolled with the Department as, a psychiatric hospital, as defined in 89 Ill. Adm. Code 149.50(c)(1).

2) Inpatient psychiatric services are those services provided to patients who are in need of short-term acute inpatient hospitalization for active treatment of an emotional or mental disorder.

3) Inpatient psychiatric services are not covered for Family and Children Assistance (formerly known as General Assistance) program participants who are 18 years of age or older.

4) Federal Medicaid regulations preclude payment for patients over ~~the age of~~ 20 or under ~~the age of~~ 65 years of age in any Institution for Mental Diseases (IMD). Therefore, psychiatric hospitals may not receive reimbursement for services provided to patients over the age of 20 ~~or~~and under the age of 65. In the case of a patient receiving psychiatric services immediately preceding his/her 21st birthday, reimbursement for psychiatric services shall be provided until the earliest of the following:

A) The date the patient no longer requires the services; or

B) The date the patient reaches 22 years of age.

5) A psychiatric hospital must be accredited by the Joint Commission on the Accreditation of Health Care Organizations to provide services to program participants under ~~age~~ 21 years of age or be Medicare certified to provide services to program participants ~~age~~ 65 years of age and older. Distinct part ~~Either the specialized~~ psychiatric units ~~unit or the~~ and psychiatric hospitals ~~hospital~~ located in the State of Illinois, or within a 100 mile radius of the State of Illinois, must execute an interagency agreement with a DMHDD-operated mental health center for coordination of services~~,~~ including, but not limited to, crisis screening and discharge planning to ensure linkage to aftercare services with private practitioners or community mental health services, as described in subsection (a)(6) below.

6) Coordination of Care - Purpose. In accordance with subsection (a)(5) above, distinct part psychiatric units and psychiatric hospitals located in the State of Illinois, or within a 100 mile radius of the State of Illinois, must execute a Coordination of

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Section 148.40(a)(6) (continued)

Care Agreement in order to participate as a provider of inpatient psychiatric services. The Coordination of Care Agreement shall set forth an agreement between the DMHDD-operated mental health center (State-operated facility) and the hospital for the coordination of services, including, but not limited to crisis screening and discharge planning to ensure efficient use of inpatient care. The agreement shall also set forth the manner in which linkage to aftercare services with community mental health agencies or private practitioners shall be carried out.

7) Coordination of Care - General Provisions. The general provisions of the Coordination of Care Agreement described in subsection (a)(6) above are as follows:

A) The hospital shall agree, on a continuing basis, to comply with applicable licensing standards as contained in State laws or regulations and shall maintain accreditation by JCAHO;

B) The provider shall comply with Title VI of the Civil Rights Act of 1964 and the Rehabilitation Act of 1973 and regulations promulgated thereunder which prohibit discrimination on the grounds of sex, race, color, national origin or handicap;

C) The provider shall comply with the following applicable federal, state and local statutes pertaining to equal employment opportunity, affirmative action, and other related requirements: 42 U.S.C.A. 2000e (1981), 29 U.S.C.A. 203 et seq. (1982), Ill. Rev. Stat. 1991, ch. 68, pars. 101 et seq.

D) The Coordination of Care Agreement shall remain in effect until amended by mutual consent or cancelled in writing by either party having given thirty (30) days prior notification.

8) Coordination of Care - Special Requirements. The hospital shall:

A) Provide on its premises the facilities, staff, and programs for the diagnosis, admission, and treatment of persons who may require inpatient care and/or assessment of mental status, mental illness, emotional disability, and other psychiatric problems;

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Section 148.40(a)(8) (continued)

B) With the written consent of the individual, notify the community mental health agency that serves the geographic area from which the recipient originated to allow the agency to prescreen the case prior to referring the individual to the designated State-operated facility. The community mental health agency's resources and other appropriate community alternatives shall be considered prior to making a referral to the State-operated facility for admission;

C) Complete any forms necessary and consistent with the Mental Health and Developmental Disabilities Code in the event of a referral for involuntary or judicial admission;

D) With the written consent of the individual, notify the community mental health agency or private practitioner of the date and time of discharge and invite their participation in the discharge planning process;

E) Refer to the State-operated facility only those individuals for whom less restrictive alternatives are documented not to be appropriate at the time based on a clinical determination by the community mental health agency, a private practitioner (if applicable), or the hospital; and

F) Notify the State-operated facility prior to planned transfer of an individual and transfer the individual at such time as to assure arrival of the person prior to 11 a.m. Monday through Friday. In unusual situations, transfers may be made at other times after prior discussion between the hospital and the State-operated facility. The individual will only be transported to the State-operated facility when, based on a clinical determination, he/she is medically stable. A copy of the transfer summary from the hospital must accompany the recipient at the time of admission to the State-operated facility.

9) Coordination of Care - Special Requirements of the State-Operated Facility. The State-operated facility shall:

A) Admit individuals who have been screened as defined in the Coordination of Care Agreement and are appropriate for admission consistent with the provisions of the Mental Health and Developmental Disabilities Code;

B) Evaluate individuals for whom the hospital has executed a

Section 148.40(a)(9)(B) (continued)

Petition and Certificate for involuntary/judicial admission consistent with the Mental Health and Developmental Disabilities Code.

C) Consider for admission voluntary individuals for whom less restrictive alternatives are documented not to be appropriate at the time, based on a clinical determination by the community mental health agency, private practitioner (if applicable), the hospital, or the State-operated facility.

10) A participating hospital not enrolled for inpatient ~~in-patient~~ psychiatric services may provide psychiatric care as a general inpatient ~~in-patient~~ service only on an emergency basis for a maximum period of 72 hours or ~~in cases in which the psychiatric hours or~~ in cases in which the psychiatric services are secondary to the services for which the period of hospitalization is approved.

b)~~2)~~ Inpatient Rehabilitation Services

1)~~A)~~ Payment for inpatient rehabilitation services shall be made only to a general hospital, as defined in Section 148.25(b), with a functional unit of the hospital, as defined in Section 148.25(c)(2), which specializes in, and is enrolled with the Department to provide, physical rehabilitation services or a hospital, as defined in 89 Ill. Adm. Code 149.50(c)(2), which holds a valid license as, and is enrolled with the Department as, a physical rehabilitation hospital.

2) The primary reason for hospitalization is to provide a structured program of comprehensive rehabilitation services, furnished by specialists, to the patient with a major handicap for the purpose of habilitating or restoring the person to a realistic maximum level of functioning.

3) Inpatient rehabilitation services are not covered for Family and Children Assistance (formerly known as General Assistance) program participants who are 18 years of age or older.

4)~~B)~~ For payment to be made, a rehabilitation facility, which includes a distinct part unit as described in Section 148.25(c)(2), must be certified by the Health Care Financing Administration for participation under the Medicare Program (Title XIII) and must be licensed and/or certified by the Illinois Department of Public Health to provide comprehensive

Section 148.40(b)(4) (continued)

physical rehabilitation services. Out-of-state hospitals ~~which~~ that specialize in physical rehabilitation services must be licensed ~~and/~~or certified to provide comprehensive physical rehabilitation services by the authorized licensing agency in the state in which the hospital is located. ~~A rehabilitation facility must provide comprehensive coordinated services of specialists in fields of medicine, nursing, physical therapy, occupational therapy, speech therapy, social work, vocational rehabilitation, clinical psychology, orthotics and prosthetics; and have adequate space and equipment to provide comprehensive diagnostic and treatment services; and maintain records of diagnosis, treatment progress at regular intervals, and functional results. The hospital shall provide written reports, as required, by the Department of Public Aid.~~

5) A rehabilitation facility must meet the following criteria:

A) Have a full-time (at least 35 hours per week) director of rehabilitation; a participating general hospital with a functional rehabilitation unit must have a part-time (at least 20 hours per week) director of rehabilitation;

B) Have an organized medical staff;

C) Have available consultants qualified to perform services in appropriate specialties;

D) Have adequate space and equipment to provide comprehensive diagnostic and treatment services;

E) Maintain records of diagnosis, treatment progress (notations must be made at regular intervals) and functional results; and

F) Submit reports as required by the Department of Public Aid.

6) A rehabilitation facility must provide the following minimal services:

A) Full-time nursing services under the supervision of a registered nurse formally trained in rehabilitation nursing;

B) Full-time physical therapy and occupational therapy services; and

C) Social casework services as an integral part of the

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Section 148.40(b)(6)(C) (continued)

rehabilitation program.

7) A rehabilitation facility must have available the following minimal services:

A) Psychological evaluation services;

B) Prosthetic and orthotic services;

C) Vocational counseling;

D) Speech therapy;

E) Clinical laboratory and x-ray services; and

F) Pharmacy services.

8) The director of rehabilitation must meet the following criteria:

A) Provide services to the hospital and its patients as specified in subsection (b)(5) above;

B) Be a doctor of medicine or osteopathy;

C) Be licensed under State law to practice medicine or surgery; and

D) Must have, after completing a one-year hospital internship, at least two years of training or experience in the medical management of inpatients requiring rehabilitation services.

9) Personnel of the rehabilitation facility must meet the following minimum standards:

A) Physicians shall have unlimited licenses to practice medicine and surgery in the State in which they practice. Consultants shall be Board Qualified or Board Certified in their specialty.

B) Physical therapists shall be licensed by the Illinois Department of Professional Regulation.

C) Occupational therapists shall be licensed by the Illinois Department of Professional Regulation.

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Section 148.40(b)(9) (continued)

D) Registered nurses and licensed practical nurses shall be currently licensed by the Illinois Department of Professional Regulation or comparable licensing agency in the State in which the facility is located.

E) Social workers shall have completed two years of graduate training leading to a Master's Degree in social work from an accredited graduate school of social work.

F) Psychologists shall have a Master's Degree in clinical psychology.

G) Vocational counselors shall have a Master's Degree in Rehabilitation Counseling, Psychology or Guidance from a school accredited by the North Central Association or its equivalent.

H) An orthotist or prosthetist, certified by the American Board of Certification in Orthotics and Prosthetics shall fabricate or supervise the fabrication of all limbs and braces.

c)~~3)~~ End-Stage Renal Disease Treatment (ESRDT) Services. The Department provides payment to hospitals, as defined in Section 148.25(b), for End-Stage Renal Disease Treatment (ESRDT) services only when the hospital is Medicare certified for ESRDT treatment and services are provided as follows:

1)~~A)~~ Inpatient hospital care is provided for the evaluation and treatment of acute renal disease;

2)~~B)~~ Outpatient chronic renal dialysis treatments are provided in the outpatient renal dialysis department of the hospital, ~~and/or in~~ a satellite unit of the hospital that is professionally associated with the center for medical direction and supervision, or ~~in~~ a free-standing chronic dialysis center certified by Medicare, pursuant to 42 CFR 405, Subparts S and U (1984), and the recipient is approved by the Illinois Department of Public Health (IDPH) or the Department of Health and Human Services (DHHS) as eligible for ESRDT services; or

3)~~C)~~ Home dialysis treatments are provided through the outpatient renal dialysis department of the hospital, ~~and/or in~~ a satellite unit of the hospital that is professionally associated with the center for medical direction and supervision, in a patient's

Section 148.40(c)(3) (continued)

home, or through a free-standing chronic dialysis center certified by Medicare, pursuant to 42 CFR 405, Subparts S and U (1984), and the recipient is approved by the Illinois Department of Public Health (IDPH) or the Department of Health and Human Services (DHHS) as eligible for ESRDT services.

d) Hospital-Based Organized Clinic Services. Hospital-based clinics must meet the requirements of 89 Ill. Adm. Code 140.461(a)(3). The following four categories of hospital-based organized clinic services are recognized in the Medical Assistance Program:

1) General Clinic Services. General clinic services are diagnostic, therapeutic and palliative services provided under the direction of a physician who provides for the health care needs of persons who elect to use this type of service rather than another source of primary care. In order to participate as a provider of general clinic services, a hospital must meet the following requisites:

A) The hospital must be enrolled for participation in the Medical Assistance Program to provide general inpatient (category of service 20) and general outpatient (category of service 24) hospital services.

B) Personnel

i) The clinic must be organized as a distinct hospital department with a qualified, trained executive in charge of all activities and responsible to the administration of the hospital;

ii) An advisory medical council must function to assist the executive officer in formulating policies for the management and care of clinic patients;

iii) The qualifications of the medical staff of the clinic must meet the same requirements which apply to the hospital staff;

iv) Nursing services must be provided by licensed nurses under the supervision of a registered professional nurse (R.N.); and

v) A dietician must be available to instruct the patients regarding special diets and to plan with the patients in the buying and preparation of food.

Section 148.40(d)(1) (continued)

C) Program

i) The program of the clinic must ensure the provision of comprehensive, high quality, personalized, and continuous health care services to its patients. This means that, at a minimum, the clinic must provide or contract for the services of a sufficient number of primary and specialty care physicians to meet the health needs of patients of the clinic, and must have provisions made for the back-up care of patients when the clinic is not open;

ii) The laboratory, x-ray, and special therapy services must be available for clinic patients, as needed;

iii) The pharmacy must be an integral part of the clinic organization; and

iv) The medical social services in the clinic must be integrated with those in the hospital.

D) Physical Setting and Equipment. The size, location, ventilation, and lighting of accommodations for interviewing, examining, and treating patients and appropriate equipment must be adequate to serve the number and needs of patients accepted by the clinic;

E) Records

i) Clinic records must accurately reflect the patient's condition and contain all significant facts bearing on the case, i.e., history, symptoms and complaints, physical examination findings, laboratory and x-ray procedures, and medications ordered and their results, diagnosis, treatment given or recommended and the patient's response to treatment; and

ii) Clinic records must contain the dates of service and the name of the medical practitioner seeing the patient at the time of each clinic visit.

2) Psychiatric Clinic Services

A) Psychiatric Clinic Services (Type A). Type A psychiatric

Section 148.40(d)(2)(A) (continued)

clinic services are clinic service packages consisting of diagnostic evaluation; individual, group and family therapy; medical control; optional Electroconvulsive Therapy (ECT); counseling and the service is considered unique to the hospital clinic setting for individuals through the age of twenty-one (21).

B) Psychiatric Clinic Services (Type B). Type B psychiatric clinic services are active treatment programs in which the individual patient is participating in no less than social, recreational, and task-oriented activities at least four (4) hours per day at a minimum of three (3) half days of active treatment per week. The duration of an individual patient's participation in this treatment program is limited to six (6) months in any twelve (12) month period.

C) Coverage. Psychiatric clinic services are covered for all Medicaid-eligible individuals. The services are not covered for Family and Children Assistance (formerly known as General Assistance) program participants who are 18 years of age or older.

D) Approval. The Illinois Department of Mental Health and Developmental Disabilities (DMHDD) and the Illinois Department of Public Aid (IDPA) are responsible for approval and enrollment of community hospitals providing psychiatric clinic services. In order to participate as a provider of psychiatric clinic services, a hospital must be enrolled for the provision of inpatient psychiatric services and meet the following requisites:

i) The hospital must be accredited by, and be in good standing with, the Joint Commission on Accreditation of Health Care Organizations (JCAHO);

ii) The hospital must execute a Psychiatric Clinic Services Type A and B Enrollment Assurance with DMHDD and the Department;

iii) The clinical staff of the psychiatric clinic must collaborate with the mental health service network to provide discharge, linkage and aftercare planning for recipients of outpatient services;

Section 148.40(d)(2)(D) (continued)

iv) The hospital must agree to participate in local area planning councils mandated under P.A. 99-660 and P.A. 86-844; and

v) The hospital must be enrolled to participate in Medicaid Program (Title XIX) and must meet all conditions and requirements set forth by the Illinois Department of Public Aid.

E) Duration of Approval. The approval described in subsection (d)(2)(D) above shall be in effect for a period of two years from the date IDPA approves the psychiatric clinic's enrollment. The approval may be terminated by IDPA or DMHDD with cause upon thirty (30) days written notice to the hospital. Accordingly, the hospital must submit a thirty (30) day written notification to IDPA and DMHDD when terminating delivery of psychiatric clinic services.

e)~~b)~~ Transition to the Diagnosis Related Grouping Prospective Payment System (DRG PPS)

1) Effective with admissions occurring on or after September 1, 1991, and before October 1, 1992, hospitals shall be reimbursed in accordance with Sections 148.80, ~~89 Ill. Adm. Code~~ 148.160, 148.170, 148.250 ~~148.240~~ through 148.300, or 89 Ill. Adm. Code ~~Part~~ 149, as applicable. Hospitals designated as sole community hospitals effective September 1, 1991, shall retain that designation and continue to be reimbursed under the methodology that was in effect on June 30, 1992, for the period July 1, 1992, through September 30, 1992. Hospitals that, on August 31, 1991, had a contract in effect with the Department under the Illinois Health Finance Reform Act (Ill. Rev. Stat. 1991, ch. 23, par. 6501-1 et seq.) that elected to continue to be reimbursed at rates stated in such contracts for general and specialty care effective September 1, 1991, shall continue to be reimbursed at rates stated in such contracts for general and specialty care for the period July 1, 1992, through September 30, 1992.

2) Effective with admissions occurring on or after October 1, 1992, hospitals ~~Hospitals~~ that, on August 31, 1991, had a contract in effect with the Department under the Illinois Health Finance Reform Act (Ill. Rev. Stat. 1991, ch. 23, par. 6501-1 et seq.) and that elected, effective September 1, 1991, to be reimbursed at rates stated in such contracts, may elect to continue to be

Section 148.40(e)(2) (continued)

reimbursed at rates stated in such contracts for general and specialty care.

3) Effective October 1, 1992 ~~September 1, 1991~~, for hospitals located in rural areas, those hospitals that shall be treated as sole community hospitals, as described in 89 Ill. Adm. Code 149.125(b), shall elect one of the following payment methodologies to be used by the Department in reimbursing that hospital for inpatient services:

A) the DRG PPS, as described in 89 Ill. Adm. Code 149, or

B) the rate calculated under Sections 148.250 ~~89 Ill. Adm. Code 148.240~~ through 148.300.

f)~~e)~~ Annual Irrevocable Election

1) Hospitals described in subsections (e)~~(b)~~(2) and (e)~~(b)~~(3) above may elect to be reimbursed under the special arrangements described in subsections (e)~~(b)~~(2) and (e)~~(b)~~(3) above at the beginning of each rate period ~~on an annual basis~~.

2) Once a sole community hospital elects to be reimbursed under the DRG PPS, it may not later in that rate period ~~year~~ elect to be classified as exempt. Once a sole community hospital elects to be reimbursed as exempt, it may not later in that rate period ~~year~~ elect to be reimbursed under the DRG PPS. ~~The sole community hospital shall be locked into the reimbursement choice from September 1 through August 30 of the year for which the election was made.~~

3) Hospitals that, on August 31, 1991, had a contract with the Department under the Illinois Health Finance Reform Act may elect to continue to be reimbursed at rates stated in such contracts for general and specialty care. Once such election has been made, the hospital may not later in that rate period ~~year~~ elect to be reimbursed under any other methodology. ~~The hospital shall be locked into the reimbursement choice from September 1 through August 31 of the year for which the election was made.~~

4) Hospitals that, on August 31, 1991, had a contract with the Department under the Illinois Health Finance Reform Act and have elected to be reimbursed under the DRG PPS may not later elect to be reimbursed at rates stated in such contracts.

Section 148.40 (continued)

g)~~d)~~ Notification of Reimbursement Methodology. ~~for Admissions Occurring on or After September 1, 1991~~

1) Hospitals shall receive notification from the Department with respect to the reimbursement methodologies that shall be in effect for admissions occurring during the rate period ~~on or after September 1, 1991~~.

2) Hospitals described in subsection (e)~~(b)~~(2) and (e)~~(b)~~(3) above shall receive notification of their reimbursement options accompanied by a Choice of Reimbursement form. Each hospital described in subsections (e)~~(b)~~(2) and (e)~~(b)~~(3) above shall have thirty (30) days from the date of such notification to file, with the Department, the reimbursement method of choice for the rate period. In the event the Department has not received the hospital's Choice of Reimbursement form within thirty (30) days from the date of notification, as described above, the hospital will automatically be reimbursed for the rate period under the reimbursement methodology that would have been in effect without benefit of the election described in subsection (f)~~(e)~~ above.

~~3) Hospitals meeting specific enrollment criteria as described in subsections (a)(1) and (a)(2) above may enroll to provide such services within thirty days of the notification described in subsection (d)(1) above. Hospitals that request enrollment for Inpatient Psychiatric Services (category of service 21) or Inpatient Physical Rehabilitation Services (category of service 22) within thirty days of the notification described in subsection (d)(1) above shall be enrolled for such service(s) with an effective date of September 1, 1991. Hospitals that do not request enrollment for such service(s) within the time period described above shall not be eligible for retroactive enrollment.~~

h) Zero Balance Bills. The Department requires a hospital to submit a bill for any inpatient service provided to an Illinois Medicaid eligible person, including newborns, regardless of payor. A "Zero Balance Bill" is one on which the total "prior payments" are equal to or exceed the Department's liability on the claim. The Department requires that zero balance bills be submitted subsequent to discharge in the same manner as are other bills so that information can be available for the maintenance of accurate patient profiles diagnosis-related grouping (DRG) data, and information needed for calculation of disproportionate share and other rates. The

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Section 148.40(h) (continued)

provisions of this subsection apply to all hospitals regardless of the reimbursement methodology under which they are reimbursed.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.50 Covered Hospital Services
EMERGENCY

a) The Department shall pay hospitals for the essential provisions of inpatient, ~~and~~ outpatient, and hospital-based clinic diagnostic and treatment services not otherwise excluded or limited which are provided in compliance with hospital licensing standards.

b) Long term care services are not considered by the Department to be hospital services unless the hospital is enrolled with the Department specifically to provide hospital residing long term care services as a hospital-based long term care facility.

1) Inappropriate Level of Care Program. Under the Inappropriate Level of Care Program, hospitals may be reimbursed for providing care to non-acute patients requiring chronic, skilled nursing when a skilled nursing facility bed is not available. For a hospital to be eligible for such reimbursement, the following criteria must be met:

A) The hospital must document its attempt to place the patient in at least five (5) appropriate facilities; and

B) Documentation must be submitted to the Department at the time of billing.

2) Reimbursement under the Inappropriate Level of Care Program is limited to services provided after the minimum number of contacts specified in subsection (b)(1)(A) above have been made. Reimbursement shall not be made for services which were billed as acute inpatient care and denied as not being medically necessary. Reimbursement shall be made for up to a maximum of 31 days before additional documentation must be submitted to extend the eligibility for additional reimbursement.

3) There are two levels of care and rates associated with the program:

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Section 148.50(b)(3) (continued)

A) If the patient's needs reflect routine skilled care and the inability to place the patient is due to unavailability of a skilled nursing bed, the appropriate rate shall be the average skilled statewide rate for skilled nursing care.

B) If the level of care required is not routinely performed within a skilled setting, such as ventilator care, and the patient cannot be placed in a skilled nursing facility because the level of care is not available, the appropriate rate is the average statewide negotiated rate for exceptional care, as described in subsection (a)(4) below.

4) Exceptional Care Program. Exceptional Care is the level of medical care required by persons who are medically stable and ready for discharge from a hospital but who require a multi-disciplinary level of care for physician, nurse, and ancillary specialist services with exceptional costs related to extraordinary equipment and supplies that have been determined to be a medical necessity. This includes, but is not limited to, persons with Acquired Immune Deficiency Syndrome (AIDS) or a related condition, head injured persons, and ventilator dependent persons. Consideration may be given to those residents currently residing in a facility who require a multi-disciplinary level of care and meet criteria as stated in 89 Ill. Adm. Code 140.569(j)(2). The method utilized for placement of an exceptional care person shall be as follows:

A) If hospital residing long term care reimbursement is requested under the Exceptional Care Program, the discharging hospital in which the patient is located shall contact the IDPA Exceptional Care nurse assigned to their particular area.

B) If determined that the request for Exceptional Care is appropriate, the IDPA Exceptional Care nurse shall conduct an assessment at the hospital to determine if the patient meets Exceptional Care criteria.

C) If the patient is approved by the IDPA Exceptional Care nurse, the patient may be transferred to the contracting nursing facility. The transfer process is the responsibility of the hospital discharge planner or social worker. The Exceptional Care nurse shall be notified of

Section 148.50(b)(4)(C) (continued)

the date the patient has been discharged to the long term care facility.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.60 ~~Hospital~~ Services Not Covered as Hospital Services
EMERGENCY

Certain services, although included in the Medical Assistance Program and under certain circumstances provided in the hospital setting or by an entity associated with the hospital, are not reimbursed by the Department as hospital services. In addition, certain services currently provided in the hospital outpatient and hospital-based clinic setting are subject to fee-for-service payment methodologies. This means that for these services, hospitals shall be required to conform to the policies and billing procedures in effect for other non-hospital providers of services. Payment for these services shall be based on the same fee schedule which applies to these services when they are provided in the non-hospital setting. Services not covered or reimbursed as hospital services are as follows: ~~Payment for the following services shall not be made to a hospital, even though provided in a hospital.~~

a) Private Duty Nursing Services. Hospitals may not enroll to provide private duty nursing services. Hospitals are expected to provide all required nursing services, and generally, persons requiring special nursing care are placed in an intensive care unit.

~~1) Hospitals shall provide all required nursing services. Only in extraordinary instances in which a recipient's condition or the type of care needed requires many more hours of professional nursing service than the hospital can be expected to provide will approval of a private duty nurse, either a registered nurse or a licensed practical nurse, be considered by the Department.~~

~~2) Payment for private duty nursing services shall be made only to the nurse and only when prior approval has been given. A decision to approve or deny a request for private duty nursing service shall be made within one day of the date of the request. Written notice of the determination shall be provided within ten days.~~

b) Sitter Services. Sitter Services for hospitalized program participants are not covered under the Medical Assistance Program.

Section 148.60(b) (continued)

~~1) Sitter services shall be provided only in those rare instances in which the condition of a hospitalized recipient necessitates a sitter to watch at the bedside; and consideration will be given to approval by the Department only in those unusual cases in which hospital staff, volunteers, relatives or friends of the recipient are unable to provide the services.~~

~~2) Payment for sitter services shall be made only to the person providing the service and only when prior approval has been given.~~

c) Dental Services. Hospitals may not enroll to provide dental services. When dental services are provided in the outpatient/clinic setting of a hospital, the dentist shall submit charges to the Department according to the provisions of the Dental Program.

d)~~e)~~ Nurse Anesthetist Services. Payment for general anesthesia services not reimbursed under 89 Ill. Adm. Code 140.400 shall be made only to hospitals that qualify for these payments under the Medicare Program (Title XIII) and shall be made to such hospitals when provided by a hospital employed nonphysician anesthetist (Certified Registered Nurse Anesthetist or "CRNA").

e) Pharmacy Services. Policy and reimbursement for pharmacy services is described in 89 Ill. Adm. Code 140.440 through 140.450. A hospital pharmacy may enroll on a fee-for-service basis for services provided to a patient in:

1) A specified bed or special hospital unit which is certified for skilled nursing facility services under the Medicare Program;

2) A special hospital unit or separate facility which is administratively associated with the hospital and is licensed as a long term care facility;

3) The emergency room when the services provided are not true emergency services; or

4) The outpatient/clinic setting when the services provided are not unique to the hospital setting.

f) Medical Transportation Services. A hospital that owns and operates medical transportation vehicles as a separate entity, e.g., a private corporation, must enroll as a medical transportation provider. A hospital that owns and operates medical transportation vehicles that are included on the hospital's cost report as a cost center of the

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hospital may not submit a separate claim for transportation services provided to persons admitted as inpatients. Policy and reimbursement for medical transportation services is described in 89 Ill. Adm. Code 140.490 through 140.492.

g) Home Health Services. Home health services are not considered by the Department to be hospital services. A home health agency that is administratively associated with a hospital and that is certified for participation as a home health agency by the Medicare Program may apply for participation for the provision of home health services. Policy and reimbursement for home health services is described in 89 Ill. Adm. Code 140.470 through 140.474.

h) Subacute Alcoholism and Substance Abuse Treatment Services. Only acute alcoholism and substance abuse treatment services (i.e., detoxification) are covered as hospital services. Regulations regarding reimbursement for subacute alcoholism and substance abuse treatment services may be found at 89 Ill. Adm. Code 148.340 through 148.390.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.70 Limitation On Hospital Services
EMERGENCY

a) Payment for inpatient hospital care in general and specialty ~~special~~ hospitals shall be made only when it is recommended by a qualified physician~~,~~ and the care is essential as determined by the appropriate utilization review authority. For hospitals ~~and/~~or distinct part units reimbursed on a per diem basis under Sections ~~89 Ill. Adm. Code~~ 148.160 through 148.170 and 148.250 ~~148.240~~ through 148.300, payment shall not exceed the number of days approved for the recipient's care by the appropriate utilization review authority (see Section 148.240). If Medicare benefits are not paid because of non-approval by the utilization review authority, payment shall not be made on behalf of the Department.

b) For hospitals ~~and/~~or distinct part units reimbursed on a per case basis, payment for inpatient hospital services shall be made in accordance with 89 Ill. Adm. Code Part 149.

c) For hospitals, ~~and/~~or distinct part units reimbursed on a per diem basis, under Sections ~~89 Ill. Adm. Code~~ 148.160 through 148.170 and

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148.250 ~~148.240~~ through 148.300, payment for in-patient hospital services shall be made based on calendar days. The day of admission shall be counted. The day of discharge shall not be counted. An admission with discharge on the same day shall be counted as one day. If a recipient is admitted, discharged and re-admitted on the same day, only one day shall be counted.

d) In obstetrical cases, payment for services to both the mother and the newborn child shall be made at one per diem rate, or one per case rate, whichever is applicable. Only in instances in which the medical condition of the newborn, as certified by the utilization review authority, necessitates care in other than the newborn nursery, shall payment be made in the child's name separately.

e) Payment for inpatient psychiatric hospital care in a psychiatric hospital, as defined in 89 Ill. Adm. Code 149.50(c)(1), shall be made only when such services have been provided in accordance with federal regulations at 42 CFR Part 441, Subparts C and D. Payment for all inpatient ~~in-patient~~ psychiatric services is subject to a prepayment review. All prepayment review shall be conducted by the Department's designated peer review agent. Prepayment review shall be used to determine the appropriateness and necessity of the inpatient psychiatric care. Only inpatient psychiatric care medically necessary, as determined by a physician licensed to practice medicine in all its branches, will be reimbursed by the Department. The following criteria exemplify the factors ~~which~~ that shall be used to determine the medical necessity of inpatient psychiatric care:

1) The patient's condition indicates that he or she suffers from an acute psychological or physiological disorder requiring inpatient hospital intervention (including, but not limited to: acute disabling symptoms as a response to bio-psycho-social stress; acute danger to self or others; the medical necessity for interventions possible only in an inpatient hospital setting); and

2) A comprehensive treatment plan has been developed and progress documented for the patient (including, but not limited to: physician's progress notes; participation in medical psychotherapy; assessment of available rehabilitative resources; creation of treatment goals).

f) Payment for transplant costs (with the exception of kidney and cornea transplants), including organ acquisition costs, shall be made only when provided by an approved transplantation center as described in Section ~~89 Ill. Adm. Code~~ 148.80(c) through (h). Payment for kidney

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Section 148.70(f) (continued)

and cornea transplant costs does not require enrollment as an approved transplantation center. Payment for kidney acquisition costs does not require enrollment as an approved transplantation center, but is only provided to hospitals reimbursed on a per case basis in accordance with 89 Ill. Adm. Code 149.

g) Payment for end-stage renal disease treatment shall be made only when provided to recipients who have been screened by and meet medical criteria established by the Department of Public Health.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.120 Disproportionate Share Hospital (DSH) Adjustments
EMERGENCY

a) Qualified Disproportionate Share Hospitals (DSH). DSH adjustments for inpatient services provided prior to October 1, 1992, shall be determined and paid in accordance with the statutes and administrative rules governing the time period when the services were rendered, except as specifically indicated otherwise in this Part and with the following exception: beginning with State Fiscal Year 1993, the annual determination of those hospitals qualifying for adjustments under this section shall be made effective on October 1, 1992, and each October 1 thereafter. Hospitals qualified for DSH adjustments on June 30, 1992 shall continue to be eligible for such adjustments for inpatient services provided July 1, 1992 through September 30, 1992, in accordance with 89 Ill. Adm. Code 148.20(b). Hospitals located in a federally designated Health Manpower Shortage Area (42 CFR 5, 1989) on June 30, 1992, that would have met the criteria described in (a)(3) if such designation had been effective on July 1, 1991, shall be eligible for DSH adjustments for inpatient services provided July 1, 1992 through September 30, 1992, utilizing the payment adjustment methodologies defined in the statutes and administrative rules which were in effect on June 30, 1992. For inpatient services provided on or after ~~July 1, 1991,~~ October 1, 1992, the Department shall make adjustment payments to hospitals which are deemed as disproportionate share by the Department. A hospital may qualify for a DSH ~~disproportionate share~~ adjustment in one of the following ways:

1) The hospital's Medicaid inpatient utilization rate, in terms of inpatient days of care provided to Title XIX recipients compared to total inpatient days of care provided, is at least one half

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Section 148.120(a)(1) (continued)

standard deviation above the mean Medicaid utilization rate. Title XIX specifically excludes General Assistance (GA) and Aid to the Medically Indigent (AMI) days but does include the types of days described in subsection (c)(3) below ~~Medicare/Medicaid crossover days~~. In this paragraph, the term "inpatient day" includes each day in which an individual (including a newborn) is an inpatient in the hospital whether or not the individual is in a specialized ward and whether or not the individual remains in the hospital for lack of suitable placement elsewhere.

2) The hospital's low income utilization rate exceeds 25%. For this alternative, payments for all patient services (not just inpatient) for Medicaid, GA, AMI and/or any local or state government-funded care, must be counted as a percentage of all net patient service revenue. To this percentage, the percentage of total inpatient charges attributable to inpatient charges for charity care (less payments for GA and AMI inpatient hospital services, and/or any local or state government-funded care) must be added.

3) Illinois hospitals that, on July 1, 1991, were ~~are~~ located in a federally designated Health Manpower Shortage Area (42 CFR 5, 1989) and that had ~~have~~ a Medicaid inpatient utilization rate, as defined in subsection (a)(1) above, that was ~~is~~ at least the mean Medicaid inpatient utilization rate for all hospitals in Illinois receiving Medicaid ~~medical assistance~~ payments from the Department and which were ~~are~~ located in a planning area with one-third or fewer excess beds as determined by the Illinois Health Facilities Planning Board (77 Ill. Adm. Code 1100). The provisions of this subsection shall no longer apply effective on or after October 1, 1993.

4) Illinois hospitals that:

A) have a Medicaid inpatient utilization rate, as defined in subsection (a)(1) above, which is at least the mean Medicaid inpatient utilization rate for all hospitals in Illinois receiving Medicaid payments from the Department, and

B) also have a Medicaid obstetrical inpatient utilization rate that is at least one standard deviation above the mean Medicaid obstetrical inpatient utilization rate for all hospitals in Illinois receiving Medicaid payments from the Department for obstetrical services.

Section 148.120(a) (continued)

5)~~4)~~ Any children's hospital, which means a hospital devoted exclusively to caring for children. A hospital which ~~includes~~ has a distinct part unit ~~facility~~ devoted exclusively to caring for children ~~that is~~ which has at least 110 beds and was separately licensed as a hospital by a municipality as of January 1, 1992, shall be considered a children's hospital to the degree that the hospital's medical assistance care is provided to children.

6)~~5)~~ Critical Care Access (CCA) Hospitals. CCA ~~Critical Care Access~~ Hospitals are hospitals reimbursed under Sections 148.250 ~~89 Ill. Adm. Code 148.240~~ through 148.300 or 89 Ill. Adm. Code ~~Part~~ 149 that meet at least one of the following criteria:

~~A) The hospital is recognized as a Level I trauma center by the Illinois Department of Public Health or by the licensing agency in the state in which the hospital is located if the hospital is located within 50 miles of an Illinois border.~~

~~B) The hospital is recognized as a Level II trauma center by the Illinois Department of Public Health and is located in a rural area.~~

~~C) The hospital is recognized as a Level II trauma center by the Illinois Department of Public Health and is located in an urban area in a county with no Level I trauma center and provides a disproportionate share of trauma services.~~

~~i) For hospitals meeting the criteria in subsection (a)(5)(C) above, a disproportionate share of trauma services shall be calculated by dividing each such hospital's medical assistance trauma admissions by the total medical assistance trauma admissions for such hospitals to arrive at the trauma percentage.~~

~~ii) For hospitals meeting the criteria in subsection (a)(5)(C) above that are located in a Health Manpower Shortage Area (HMSA), those hospitals with a trauma percentage at or above the mean of the individual facility values determined in subsection (a)(5)(C)(i) above shall be deemed to provide a disproportionate share of trauma services.~~

Section 148.120(a)(6)(C) (continued)

~~iii) For hospitals meeting the criteria in subsection (a)(5)(C) above that are not located in a Health Manpower Shortage Area (HMSA), those hospitals with a trauma percentage that is at least the mean plus one standard deviation of the individual facility values determined in subsection (a)(5)(C)(i) above shall be deemed to provide a disproportionate share of trauma services.~~

A)~~B)~~ The hospital is designated, as of the first day of July preceding the DSH determination year, as a Level II perinatal center by the Illinois Department of Public Health, is located in a rural area, and provides a disproportionate share of perinatal services.

i) For hospitals meeting the criteria in subsection (a)(6)(A)~~(5)(B)~~ above, a disproportionate share of perinatal services shall be calculated by dividing each such hospital's Medicaid ~~medical assistance~~ perinatal admissions by its total Medicaid ~~medical assistance~~ admissions to arrive at the perinatal percentage.

ii) For hospitals meeting the criteria in subsection (a)(6)(A)~~(5)(B)~~ above, those hospitals with a perinatal percentage of 30 percent or above shall be deemed to provide a disproportionate share of perinatal services.

B)~~E)~~ The hospital is located in a rural area, as of the first day of July preceding the DSH determination year, and provides a disproportionate share of obstetrical services.

i) For hospitals meeting the criteria in subsection (a)(6)(B)~~(5)(E)~~ above, a disproportionate share of obstetrical services shall be calculated by dividing each such hospital's Medicaid ~~medical assistance~~ obstetrical admissions by its total Medicaid ~~medical assistance~~ admissions to arrive at the obstetrical percentage.

ii) For hospitals meeting the criteria in subsection (a)(6)(B)~~(5)(E)~~ above, those hospitals with an obstetrical percentage of 20 percent or above shall be deemed to provide a disproportionate share of obstetrical services.

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Section 148.120(a)(6)(B) (continued)

b) In addition, to be deemed a DSH ~~disproportionate share~~ hospital, a hospital must provide the Department, in writing, with the names of at least 2 obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to such services under a State Medicaid plan. In the case of a hospital located in a rural area (that is, an area outside of a Metropolitan Statistical Area, as defined by the Executive Office of Management and Budget), the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures. This requirement does not apply to a hospital in which the inpatients are predominantly individuals under 18 years of age; or does not offer nonemergency obstetric services as of December 22 ~~21~~, 1987. Hospitals that do not offer nonemergency obstetrics to the general public, with the exception of those hospitals described in 89 Ill. Adm. Code 149.50(c)(1) through (c)(4), must submit a statement to that effect.

c) In making the determination described in subsections ~~subsection~~ (a)(1) and (a)(4)(A) above, the Department shall utilize:

1) The hospital's final audited cost report for the hospital's base fiscal year ~~(i.e., Calendar Year 1986 for Fiscal Year 1989 payments, Calendar Year 1987 for Fiscal Year 1990, etc.)~~. Medicaid inpatient utilization rates, as defined in subsections ~~subsection~~ (a)(1) and (a)(4)(A) above, which have been derived from final audited cost reports, are not subject to the Review Procedure described in Section ~~89 Ill. Adm. Code~~ 148.310, with the exception of errors in calculation.

2) In the absence of a final audited cost report for the hospital's base fiscal year ~~(i.e., Calendar Year 1986 for Fiscal Year 1989 payments, Calendar Year 1987 for Fiscal Year 1990, etc.)~~, the Department shall utilize the hospital's unaudited cost report for the hospital's base fiscal year. Due to the unaudited nature of this information, hospitals shall have the opportunity to submit a corrected cost report for the determination described in subsections ~~subsection~~ (a)(1) and (a)(4)(A) above. Submittal of a corrected cost report in support of subsections ~~subsection~~ (a)(1) and (a)(4)(A) above must be received no later than the first day of July preceding the DSH determination year ~~June 30 of the State's fiscal year immediately preceding the fiscal year~~ for which the hospital is requesting consideration of such corrected cost report for the determination of DSH ~~disproportionate share~~ qualification ~~(i.e., for the FY'92 determination, a corrected cost report must be received no later than June 30, 1991)~~. Corrected cost reports which are not

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Section 148.120(c)(2) (continued)

received in compliance with these time limitations will not be considered for the determination of the hospital's Medicaid inpatient utilization rate as described in subsections ~~subsection~~ (a)(1) and (a)(4)(A) above.

A) Hospitals' Medicaid inpatient utilization rates, as defined in subsections ~~subsection~~ (a)(1) and (a)(4)(A) above, which have been derived from unaudited cost reports, are not subject to the Review Procedure described in Section ~~89 Ill. Adm. Code~~ 148.310, with the exception of errors in calculation. Pursuant to subsection (c)(2) above, hospitals shall have the opportunity to submit corrected cost report information prior to the Department's final DSH ~~disproportionate share~~ determination.

B) In the event a subsequent final audited cost report reflects a Medicaid inpatient utilization rate, as described in subsections ~~subsection~~ (a)(1) and (a)(4)(A) above, which is lower than the Medicaid inpatient utilization rate derived from the unaudited cost report utilized for the DSH ~~disproportionate share~~ determination, the Department shall recalculate the Medicaid inpatient utilization rate based upon the final audited cost report, and recoup any overpayments made.

3) Certain types of inpatient days of care provided to Title XIX recipients are not available from the cost report, i.e., Medicare/Medicaid crossover claims, out-of-state Title XIX Medicaid utilization levels, HMO days and inappropriate level of care days. To obtain Medicaid utilization levels in these instances, the Department shall utilize:

A) Medicare/Medicaid Crossover Claims. The Department will utilize the Department's paid claims data for each hospital's base fiscal year ~~(i.e., Calendar Year 1986 for Fiscal Year 1989 payments, Calendar Year 1987 for Fiscal Year 1990, etc.)~~. Effective with DSH ~~disproportionate share~~ determinations ~~for State Fiscal Year 1992~~ on and after October 1, 1992, hospitals may submit additional information to document Medicare/Medicaid crossover days which were not billed to the Department due to a determination that the Department had no liability for deductible and/or coinsurance amounts ~~if the reason for such a determination was made because payments made by Medicare and other third parties exceeded the rate that would have been paid under the Medicaid Program~~. This

Section 148.120(c)(3)(A) (continued)

information must be submitted in log form. The log must include a patient account number or medical record number, patient name, Medicaid recipient identification number, Medicare identification number, date of admission, date of discharge, the number of covered days, and the total number of Medicare/Medicaid crossover days. This log must include all Medicare/Medicaid crossover days billed to the Department and all Medicare/Medicaid crossover days which were not billed to the Department for services provided during the hospital's base fiscal year. If a hospital does not submit a log of Medicare/Medicaid crossover days that meets the above requirements, the Department will utilize the Department's paid claims data for the hospital's applicable base fiscal year.

B) Out-of-state Title XIX Utilization Levels. Hospital statements and verification reports from other states will be required to verify out-of-state Medicaid recipient utilization levels. The information submitted must include only those days of care provided to out-of-state Medicaid recipients during the hospital's base fiscal year.

C) HMO days. The Department shall utilize the Department's HMO claims data for each hospital's base fiscal year to determine the number of inpatient days provided to recipients enrolled in an HMO.

D)~~C)~~ Inappropriate Level of Care Days. The Department will utilize the Department's paid claims data for each hospital's base fiscal year ~~(i.e., Calendar Year 1986 for Fiscal Year 1989 payments, Calendar Year 1987 for Fiscal Year 1990, etc.)~~.

d) Hospitals may apply for DSH ~~disproportionate share~~ status under subsection (a)(2) by submitting an audited ~~a~~ certified financial statement for the hospital's base fiscal year. The audited certified financial statement must contain the following breakdown of information prior to submittal to the Department for consideration:

1) Total hospital net revenue for all patient services, both inpatient and outpatient, for the hospital's base fiscal year.

2) Total payments received directly from State and local governments for all patient services, both inpatient and outpatient, for the hospital's base fiscal year.

Section 148.120(d) (continued)

3) Total gross inpatient hospital charges for charity care (this must not include contractual allowances, bad debt or discounts, except contractual allowances and discounts for GA and AMI patients), for the hospital's base fiscal year.

4) Total amount of the hospital's gross charges for inpatient hospital services for the hospital's base fiscal year.

e) ~~Payments to Participating Out-of-State Hospitals.--For purposes of the determination described in subsection (a)(1) above, out-of-state hospitals will be measured in relationship to the mean Medicaid inpatient utilization rate in their state.~~ With the exception of children's hospitals in contiguous states that provide 100 or more inpatient days of care to Illinois program participants, only those cost-reporting hospitals that qualify for DSH in the State in which they are located based upon the Federal definition of a DSH hospital, as defined in Section 1923(b)(1) of the Social Security Act, may qualify for DSH hospital adjustments through Illinois' DSH Program. For purposes of determining the Medicaid inpatient utilization rate, as required in Section 1923(b)(1) of the Social Security Act, out-of-state hospitals will be measured in relationship to the mean Medicaid inpatient utilization rate in their state. Out-of-state hospitals ~~which~~ that do not qualify by the Medicaid inpatient utilization rate from their state may submit an audited ~~a~~ certified financial statement as described in subsection (d) above. Payments to out-of-state hospitals will be allocated using the same methods ~~method~~ as described in subsections ~~subsection~~ (g) through (m).

f) Time Limitation Requirements for Additional Information ~~Requirements~~.

1) Beginning with the October 1, 1992, DSH determination year ~~State fiscal year 1993 ("FY'93") determinations for disproportionate share~~, the information required in subsections (a)(2), ~~(b),~~ (c), (d) and (e) ~~and subsection (j)(2)(D)~~ must be received no later than the first day of July ~~June 30th of the state's fiscal year immediately~~ preceding the DSH determination ~~fiscal~~ year for which the hospital is requesting consideration of such information for the determination of DSH ~~disproportionate share~~ qualification ~~(i.e., for the FY'93 determination, such information must be received no later than June 30, 1992)~~. Information required in this section which is not received in compliance with these limitations will not be considered for the determination of those hospitals qualified for DSH adjustments ~~disproportionate share~~.

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Section 148.120(f) (continued)

2) Beginning with the October 1, 1992 DSH determination year, the information required in subsections (b) and (j)(5)(B) must be received within 30 calendar days of receipt of notification from the Department that the information must be submitted. Information required in this section which is not received in compliance with these limitations will not be considered for the determination of those hospitals qualified for DSH adjustments.

g) Inpatient Payment Adjustments to DSH ~~Disproportionate Share~~ Hospitals. The adjustment payments required by subsection (a) above shall be calculated annually as follows:

1) Hospitals qualifying as DSH ~~disproportionate share~~ hospitals under subsection ~~subsections~~ (a)(1) that have a Medicaid inpatient utilization rate which is at least one standard deviation above the mean Medicaid inpatient utilization rate, and hospitals qualifying as DSH hospitals under subsection (a)(2) will receive an add-on payment to their inpatient rate. The distribution method is based upon a fund of $5M. All hospitals qualifying under subsection (a)(1) that have a Medicaid inpatient utilization rate which is at least one standard deviation above the mean Medicaid inpatient utilization rate, and all hospitals qualifying as DSH hospitals under subsection (a)(2) will receive a five dollar ($5) per day add-on to their current rate. The total cost of this adjustment is calculated by multiplying each hospital's most recent completed fiscal year Medicaid inpatient utilization data (adjusted based upon historical utilization and projected increases in utilization) by five dollars ($5). The total dollar amount of this calculation is then subtracted from the $5M fund. The remaining fund balance is then distributed to the hospitals that qualify under subsection (a)(1) above that have a Medicaid inpatient utilization rate which is at least one standard deviation above the mean Medicaid inpatient utilization rate, in proportion to the percentage by which the hospital's Medicaid inpatient utilization rate exceeds one standard deviation above the State's mean Medicaid inpatient utilization rate. This is done by finding the ratio of each hospital's percent Medicaid utilization to the State's mean plus one standard deviation percent Medicaid value. These ratios are then summed and each hospital's proportion of the total is calculated. These proportional values are then multiplied by each hospital's most recent completed fiscal year paid inpatient day values (adjusted based upon historical utilization and projected increases in utilization). These weighted values are summed and each

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Section 148.120(g)(1) (continued)

hospitals proportion of the summed weighted value is calculated. Each individual hospital's proportional value is then multiplied against the $5M pool of money available after the five dollars ($5) per day base add-on has been subtracted. The total dollar amount calculated for each hospital (plus the initial five dollars ($5) per day add-on amount) is then divided by the inpatient day projections to arrive at per day add-on value. Hospitals qualifying under subsection (a)(2), will receive the minimum adjustment of five dollars ($5) per inpatient day. The adjustments calculated under this subsection are subject to the adjustments described in subsections (h) and (i) and the limitations described in subsection (m).

2) In addition to the adjustment methodology described in subsection (g)(1) above, all DSH ~~disproportionate share~~ hospitals described in subsections (a)(1), (2), (3), ~~and~~ (4), and (5) shall receive a payment adjustment which will be calculated annually as follows:

A) The payment adjustment shall be calculated based upon the hospital's Medicaid inpatient utilization rate, as defined in subsection (a)(1) and subject to subsections (h) and (i) below, as follows: ~~The hospital's inpatient payment rate shall be multiplied by .0734, the product which shall then be multiplied by the sum of the following:~~

i) Hospitals with a Medicaid inpatient utilization rate of 75 percent or above shall receive a payment adjustment of $275; ~~the hospital's occupancy ratio multiplied by .75;~~

ii) Hospitals with a Medicaid inpatient utilization rate of at least 50 percent, but less than 75 percent, shall receive a payment adjustment of $175; ~~the hospital's Medicaid inpatient utilization rate; and~~

iii) Hospitals with a Medicaid inpatient utilization rate of at least 40 percent, but less than 50 percent, shall receive a payment adjustment of $150; ~~the hospital's Medicare utilization differential.~~

iv) Hospitals with a Medicaid inpatient utilization rate of at least 30 percent, but less than 40 percent, shall receive a payment adjustment of $100; and

Section 148.120(g)(2)(A) (continued)

v) Hospitals with a Medicaid inpatient utilization rate less than 30 percent shall receive a payment adjustment of $85.

B) For hospitals described in subsection (i), the amount calculated pursuant to subsection (g)(2)(A) above shall be increased by $25.

C) For hospitals described in subsection (i) that are designated as a Level III perinatal center by the Illinois Department of Public Health, the amount calculated pursuant to subsection (g)(2)(B) above shall be increased by $150.

D) The amount calculated pursuant to subsection (g)(2)(C) above for a hospital described in subsection (i) shall be adjusted on October 1, 1992, and on the first day of July of each year thereafter, by the annual percentage change in the per diem cost of inpatient hospital services as reported in the most recent annual Medicaid cost report.

E) The amount calculated pursuant to subsection (g)(2)(A) above for a hospital not described in subsection (i) shall be adjusted on October 1, 1993, and annually thereafter, by a percentage equal to the lesser of:

i) The increase in the national hospital market basket price proxies (DRI) hospital cost index for the most recent 12 month period for which data are available; or

ii) The percentage increase in the statewide average hospital payment rate over the previous year's statewide average hospital payment rate.

F)~~B)~~ For hospitals paid on a per diem basis and those reimbursed under 89 Ill. Adm. Code 148.80(g), the amount calculated pursuant to subsections (g)(1) and ~~subsection~~ (g)(2)~~(A)~~ above, as adjusted pursuant to subsections (h) and (i) below, ~~shall be added to 20,~~ and this sum plus any applicable amount calculated under subsections ~~(g)(1), (h), (i),~~ (j)~~(2)~~, (k)~~(2)~~ and (l)~~(2)~~ shall be the inpatient payment adjustment in dollars for the applicable DSH determination ~~fiscal~~ year, subject to the limitations described in subsection (m). The adjustments ~~adjustment~~ calculated under subsections (g)(1) and (g)(2) ~~this subsection~~ shall be applied to each covered day of care provided.

Section 148.120(g)(2) (continued)

G)~~C)~~ For hospitals paid on a per discharge basis, the amount calculated~~,~~ pursuant to subsections (g)(1) and ~~subsection~~ (g)(2)~~(A)~~ above, as adjusted pursuant to subsections (h) and (i) below, ~~shall be added to 20, the sum of which~~ shall be multiplied by the hospital's average length of stay, and this sum plus any applicable amount calculated under subsections ~~(g)(1), (h), (i),~~ (j)~~(2)~~, (k)~~(2)~~ and (l)~~(2)~~ shall be the inpatient payment adjustment in dollars for the applicable DSH determination ~~fiscal~~ year, subject to the limitations described in subsection (m). The adjustments calculated under subsections (g)(1) and (g)(2) shall be applied to each covered discharge.

h) Children's Hospital Inpatient Payment Adjustment. For children's hospitals, as defined in subsection (a)(5)~~(4)~~, the Medicaid inpatient utilization rate ~~amount calculated pursuant to~~ as defined in subsection (a)(1) ~~(g)(2)(A)~~ shall be multiplied by 2.0.

i) County Hospital Inpatient Payment Adjustment. For county hospitals, defined as an Illinois ~~a~~ county hospital in a county of over 3 million in population, the Medicaid inpatient utilization rate ~~amount calculated pursuant to~~ as defined in subsection (a)(1) ~~(g)(2)(A)~~ above shall be multiplied by 2.75.

j) Targeted Access ~~Inpatient~~ Payment (TAP) Adjustment.

1) For the period July 1, 1992 through September 30, 1992, those hospitals qualified for TAP Adjustments on June 30, 1992 shall continue to be eligible for such adjustments. The payment adjustment for the period July 1, 1992 through September 30, 1992, shall be calculated in accordance with Section 148.20(b)(2). Effective on or after October 1, 1992, TAP adjustments shall be determined in accordance with subsections (j)(2) through (j)(7) below. ~~Targeted Access Hospitals (TAP) are defined as hospitals qualifying for disproportionate share under subsections (a)(1), (2), (3) and (4) above, that are reimbursed under 89 Ill. Adm. Code 148.240 through 148.300 or Part 149 or that meet at least one of the following criteria:~~

~~A) The hospital is located in an urban area and has 500 or fewer beds as determined by the Illinois Department of Public Health; or~~

~~B) The hospital is located in a rural area and has 275 or fewer beds as determined by the Illinois Department of Public Health; or~~

Section 148.120(j)(1) (continued)

~~G) The hospital is a children's hospital as defined in subsection (a)(4) above.~~

~~2) Targeted Access Inpatient Payment Adjustments are determined as follows:~~

2)~~A)~~ Medicaid Percentage Adjustment.

A) Hospitals qualifying for DSH adjustments under subsections (a)(1), (2), (3), (4) or (5) that are reimbursed under Sections 148.250 through 148.300 or 89 Ill. Adm. Code 149, shall qualify for the TAP Medicaid percentage adjustment if they meet at least one of the following criteria:

i) The hospital is located in an urban area and has 550 or fewer beds as determined by the Illinois Department of Public Health; or

ii) The hospital is located in a rural area and has 300 or fewer beds as determined by the Illinois Department of Public Health; or

iii) The hospital is a children's hospital as defined in subsection (a)(5) above.

B) The TAP Medicaid percentage adjustment for eligible hospitals, as defined in subsection (j)(2)(A) ~~Targeted Access Hospitals, as defined in subsection (j)(1)~~ above, shall ~~receive an adjustment~~ be calculated based upon the ~~their~~ eligible hospital's Medicaid inpatient utilization rate as defined in subsection (a)(1) above.

C) Eligible hospitals ~~Hospitals~~ with a Medicaid inpatient utilization rate of 35% or above shall receive an adjustment of $70.00 per Medicaid ~~medical assistance~~ admission in the TAP ~~targeted access~~ base year and all other eligible hospitals shall receive an adjustment per Medicaid ~~medical assistance~~ admission in the TAP ~~targeted access~~ base year which is calculated by dividing the individual hospital's Medicaid inpatient utilization rate by 35% and multiplying the result by $70.00.

3)~~B)~~ Obstetrical Care Adjustment.

A) Hospitals ~~defined in subsection (j)(1)(A) and (B)~~ that qualify for DSH adjustments under subsections (a)(1), (2), (3) or (4), are reimbursed under Sections 148.250 through 148.300 or 89 Ill. Adm. Code 149, provide nonemergency obstetrical services, and that have complied with the requirements of subsection (b) above, shall receive a TAP obstetrical care adjustment if they meet as least one of the following criteria ~~an Obstetrical Care Adjustment as follows~~:

Section 148.120(j)(3)(A) (continued)

i) The hospital is located in an urban area and has 550 or fewer beds as determined by the Illinois Department of Public Health; or

ii) The hospital is located in a rural area and has 300 or fewer beds as determined by the Illinois Department of Public Health.

B) The TAP obstetrical care adjustment for eligible hospitals, as defined in subsection (j)(3)(A) above, shall include:

i) an adjustment of $680.00 per Medicaid ~~medical assistance~~ obstetrical admission in the TAP ~~targeted access~~ base year; and

ii) an additional adjustment, up to $340.00 per Medicaid ~~medical assistance~~ obstetrical admission in the TAP ~~targeted access~~ base year, based upon the hospital's obstetrical admission percentage. The obstetrical admission percentage is the ratio of the hospital's obstetrical admissions to the obstetrical admissions provided by all ~~targeted access~~ hospitals ~~(obstetrical percentage)~~ qualified for the TAP obstetrical care adjustment. The adjustment shall be calculated by giving the hospital providing the most obstetrical admissions a $340.00 adjustment per Medicaid ~~medical assistance~~ obstetrical admission in the TAP ~~targeted access~~ base year and all other qualifying hospitals an adjustment equal to the individual hospital's Medicaid ~~medical assistance~~ obstetrical percentage divided by the obstetrical percentage of the hospital with the highest obstetrical percentage, the result of which shall then be multiplied by $340.00.

4)~~C)~~ Children's Care Adjustment.

A) Hospitals shall receive a TAP children's care adjustment if they meet the following criteria:

Section 148.120(j)(4)(A) (continued)

i) The hospital qualifies for DSH adjustments under subsections (a)(1), (2), (3), (4), or (5);

ii) The hospital is reimbursed under 89 Ill. Adm. Code 148.250 through 148.300 or Part 149; and

iii) The hospital provides services to children (defined as under the age of 18 and which excludes obstetrical services).

B) The TAP children's care adjustment for eligible ~~All~~ hospitals, as defined in subsection (j)(4)(A) above ~~(1) that provide services to children (defined as under the age of 18 and which excludes obstetrical services)~~ shall be based upon the eligible hospital's children's admission percentage in accordance with subsection (j)(4)(C) below.

C) Eligible hospitals shall receive a TAP children's care adjustment ~~Children's Care Adjustment~~ of up to $600.00 per Medicaid ~~medical assistance~~ children's admission in the TAP ~~targeted access~~ base year. The adjustment shall be calculated by dividing each eligible hospital's Medicaid ~~medical assistance~~ children's admissions in the TAP ~~targeted access~~ base year by each eligible hospital's total Medicaid ~~medical assistance~~ admissions in the TAP ~~targeted access~~ base year to arrive at the children's admission percentage.

D) The hospital with the highest percentage of Medicaid ~~medical assistance~~ children's admissions shall receive an adjustment of $600.00 for each Medicaid ~~medical assistance~~ children's admission in the TAP ~~targeted access~~ base year and all other qualifying hospitals shall receive an adjustment equal to $600.00 multiplied by the individual hospital's children's admission percentage divided by the children's admission percentage of the hospital with the highest children's admission percentage.

5)~~D)~~ Ambulatory Care Network Adjustment.

A) Hospitals ~~defined in subsection (j)(1)(A) and (B)~~ qualifying for DSH adjustments under subsections (a)(1), (2), (3) or (4) that are reimbursed under sections 148.250 through 148.300 or 89 Ill. Adm. Code Part 149 may qualify for the TAP ambulatory care network adjustment if they meet at least one of the following criteria:

Section 148.120(j)(5)(A) (continued)

i) The hospital is located in an urban area and has 550 or fewer beds as determined by the Illinois Department of Public Health; or

ii) The hospital is located in a rural area and has 300 or fewer beds as determined by the Illinois Department of Public Health.

B) Hospitals meeting the criteria described in subsection (j)(5)(A) above shall complete and submit the Ambulatory Care Network Questionnaire in order to be considered for the TAP ambulatory care network adjustment ~~Ambulatory Care Network Adjustment~~. To receive the TAP ambulatory care network adjustment ~~Ambulatory Care Network Adjustment~~, eligible hospitals ~~as defined in subsection (j)(1)(A) and (B)~~ shall be required to enter into an agreement with the Department which describes in detail their involvements in ambulatory care, and includes commitments to maintain operations. The TAP ambulatory care network adjustment ~~Ambulatory Care Network Adjustment~~ shall consist of three (3) possible individual adjustments as follows:

i) Hospitals reporting the following number of physician office visits on the Ambulatory Care Network Questionnaire shall receive the following adjustments per total Medicaid ~~medical assistance~~ admissions ~~admission~~ in the TAP ~~targeted access~~ base year:

Urban Threshold	Rural Threshold	Adjustment
0 - 9,999	0 - 4,999	$ 00.00
10,000 - 40,000	5,000 - 10,000	$125.00
40,001 - 100,000	10,001 - 50,000	$145.00
100,001 and over	50,001 and over	$165.00

ii) Hospitals qualifying for an adjustment under subsection (j)(5)(B)~~(2)(D)~~(i) above shall receive an additional $135.00 per total Medicaid ~~medical assistance~~ admissions ~~admission~~ in the TAP ~~targeted access~~ base year if they have a formal linkage agreement with City of Chicago Partnerships in Health or Medicaid Partnerships.

iii) Hospitals qualifying for an adjustment under subsection (j)(5)(B)~~(2)(D)~~(i) above shall receive an additional $135.00 per total Medicaid ~~medical-~~

Section 148.120(j)(5)(B)(iii) (continued)

~~assistance~~ admissions ~~admission~~ in the TAP ~~targeted access~~ base year if they have a formal linkage agreement with a Federally Qualified Health Center, a County Health Clinic, or a Rural Health Clinic.

6) TAP Index Adjustment. With the exception of adjustments calculated in subsections (j)(2) through (j)(5) for children's hospitals, as described in subsection (a)(5), the sum of the adjustments calculated in subsections (j)(2) through (j)(5) shall be multiplied by the following applicable percentages, which are based upon each hospital's Medicaid inpatient utilization rate as defined in subsection (a)(1):

A) For those hospitals with a Medicaid inpatient utilization rate of 45 percent or above, the applicable percentage is 110 percent.

B) For those hospitals with a Medicaid inpatient utilization rate of at least 25 percent, but less than 45 percent, the applicable percentage is 50 percent.

C) For those hospitals with a Medicaid inpatient utilization rate of less than 25 percent, the applicable percentage is 25 percent.

7)~~3)~~ ~~Targeted Access~~ Hospitals eligible for TAP adjustments~~, as defined in subsection (j)(1) above,~~ shall receive the applicable payment adjustments ~~adjustment~~ described in subsection (j)~~(2),~~ in addition to any applicable adjustments described in subsections (g)~~(1), (g)(2), (h), (i),~~ (k)~~(2)~~ and (l)~~(2)~~, subject to the limitations described in subsection (m). The TAP adjustments ~~Targeted Access Payment Adjustments~~ shall be paid to eligible hospitals on a quarterly basis.

k) Critical Care Access (CCA) ~~Inpatient~~ Payment Adjustments. For the period July 1, 1992 through September 30, 1992, those hospitals qualified for CCA payment adjustments on June 30, 1992, shall continue to be eligible for such adjustments. The payment adjustment for the period July 1, 1992 through September 30, 1992, shall be calculated in accordance with Section 148.20(b)(2). Effective on or after October 1, 1992, CCA adjustments shall be determined in accordance with subsections (k)(1) through (k)(4) below.

1) CCA hospitals ~~Critical Care Access Hospitals~~ are those hospitals meeting one or more of the criteria described in subsection (a)(6)~~(5)~~ above.

Section 148.120(k) (continued)

2) CCA ~~Critical Access inpatient~~ payment adjustments are determined as follows:

~~A) Level I Trauma Adjustment.--Hospitals meeting the criteria defined in subsection (a)(5)(A) above shall receive an adjustment of $9,600.00 per medical assistance trauma admission in the critical care access base year.~~

~~B) Level II Rural Trauma Adjustment.--Hospitals meeting the criteria defined in subsection (a)(5)(B) shall receive an adjustment of $9,400.00 per medical assistance trauma admission in the critical care access base year.~~

~~C) Level II Urban Trauma Adjustment.--Hospitals meeting the criteria defined in subsection (a)(5)(C) shall receive an adjustment of $9,400.00 per medical assistance trauma admission in the critical care access base year.~~

A)~~D)~~ Level II Rural Perinatal Adjustment. Hospitals meeting the criteria defined in subsection (a)(6)(A)~~(5)(D)~~ shall receive an adjustment of $825.00 per Medicaid ~~medical assistance~~ perinatal admission in the CCA ~~critical care access~~ base year.

B)~~E)~~ Rural Obstetrical Adjustment. Hospitals meeting the criteria defined in subsection (a)(6)(B)~~(5)(E)~~shall receive an adjustment of $675.00 per Medicaid ~~medical assistance~~ obstetrical admission in the CCA ~~critical care access~~ base year.

3) Hospitals qualifying as DSH ~~disproportionate share~~ hospitals under subsections (a)(1), (2), (3), ~~and~~ (4) or (5) that also qualify as CCA hospitals ~~Critical Care Access Hospitals~~ under subsection (a)(6)~~(5)~~ shall receive the applicable payment adjustments described in subsection (k)~~(2)~~ in addition to any applicable adjustments described in subsections (g)~~(1), (g)(2), (h), (i),~~ (j)~~(2)~~ and (l)~~(2)~~, subject to the limitations described in subsection (m). The CCA ~~Critical Care Access~~ payment adjustments shall be paid to eligible hospitals on a quarterly basis.

4) Hospitals that qualify as DSH ~~disproportionate share~~ hospitals solely under subsection (a)(6)~~(5)~~ above shall not be eligible for any adjustments described in subsections (g) through (j). The CCA ~~Critical Care Access~~ payment adjustments shall be ~~in addition to any applicable adjustment described in subsection~~

Section 148.120(k)(4) (continued)

~~(1)(2) and shall be~~ paid to eligible hospitals on a quarterly basis.

1) ~~Disproportionate Share~~ DSH Uncompensated Care Payment Adjustment

1) The Department shall make disproportionate share uncompensated care payments to hospitals described in subsections (a)(1) through (a)(6)~~(5)~~ above that are reimbursed under Sections ~~89 Ill. Adm. Code~~ 148.170, 148.250 ~~148.240~~ through 148.300 and 89 Ill. Adm. Code ~~Part~~ 149.

2) For the period August 1, 1991 through July 31, 1992, the hospital's uncompensated care payment shall be calculated and paid in accordance with the statutes and administrative rules governing the time period when the services were rendered ~~by multiplying the number of Medicaid days provided by the hospital in State Fiscal Year 1990 (and adjusted based upon historical utilization and projected increases in utilization) by $41.70. The hospital has the right to appeal this determination if it believes a technical error has been made in the calculation. The appeal must be in writing and must be received by the Department within 30 days of receipt of the first payment of the uncompensated care payment adjustment.~~

~~3) The Uncompensated Care payment adjustments shall be in addition to any applicable adjustments described in subsections (g)(1), (g)(2), (h), (i), (j)(2) and (k)(2) and shall be paid to eligible hospitals on a quarterly basis.~~

3)~~4)~~ As a condition of eligibility for an uncompensated care payment adjustment during the August 1, 1991, uncompensated care rate year, each hospital shall submit, on or before January 15, 1992, the following inpatient, outpatient and hospital-based clinic service information to the Department for the period August 1, 1990 through July 31, 1991:

A) The dollar amount of uncompensated care charges rendered in the period described above.

B) The dollar amount of charges rendered during this period reimbursed by the Department under General Assistance (Article VI of the Public Aid Code) or Aid to the Medically Indigent (Article VII of the Public Aid Code).

C) The dollar amount of Medicaid charges rendered in the period described above.

Section 148.120(l)(3) (continued)

D) The dollar amount of total charges for care rendered in the period described above.

4) For the period August 1, 1992 through September 30, 1992, the hospital's uncompensated care payment shall be calculated in accordance with 89 Ill. Adm. Code 148.20(b). This payment is contingent upon the Department's receipt of the data described in subsection (l)(3) above in accordance with the time limitation described in subsection (l)(3) above.

5) Effective on or after October 1, 1992, as ~~As~~ a condition of eligibility for an uncompensated care payment adjustment ~~during~~ for the uncompensated care rate year ~~years beginning August 1, 1992, and thereafter~~, each hospital shall annually submit, on or before October 1 of the uncompensated care rate year, the following inpatient, outpatient and hospital-based clinic service information to the Department:

A) The dollar amount of uncompensated care charges rendered in the previous uncompensated care base ~~rate~~ year.

B) The dollar amount of charges rendered in the previous uncompensated care base year that are reimbursable by the Department under General Assistance (Article VI of the Public Aid Code).

C)~~B)~~ The dollar amount of Medicaid charges rendered in the previous uncompensated care base ~~rate~~ year.

D)~~C)~~ The dollar amount of total charges for care rendered in the previous uncompensated care base ~~rate~~ year.

6) Effective on or after October 1, 1992, as a condition of eligibility for an uncompensated care payment adjustment for the uncompensated care rate year, hospitals that did not comply with the data requirement described in subsection (l)(3) shall submit, on or before October 1, 1992, the data required under subsection (l)(3) in addition to the data required under subsection (l)(5). Effective on or after October 1, 1993, as a condition of eligibility for an uncompensated care payment adjustment for the uncompensated care rate year, hospitals that did not comply with the data requirement described in subsection (l)(5) for the previous uncompensated care rate year shall submit, on or before October 1 of the uncompensated care rate year, the data required under subsection (l)(3) for the initial

Section 148.120(1)(6) (continued)

uncompensated care rate year in addition to the data required under subsection (1)(5).

7)~~6)~~ The data submitted under subsections (1)(3), (5) and (6) ~~(4) and (5)~~ above shall be a statement for the uncompensated care rate year signed by the chief financial officer or chief executive officer certifying to the accuracy of the data submitted.

8)~~7)~~ Effective on or after October 1, 1992, all ~~All~~ hospitals required to submit cost reports in accordance with Section ~~89 Ill. Adm. Code~~ 148.210(a) ~~that provided Medicaid days in Fiscal Year 1990~~ shall be eligible for an uncompensated care payment adjustment for the uncompensated care rate year ~~beginning August 1, 1991,~~ subject to the reporting requirements of subsections (1)(3)~~(4)~~, (5) and (6) above, and the provisions of subsection (1)(9) below. The uncompensated care payment for the uncompensated care rate year shall be calculated by multiplying the number of Medicaid days provided by the hospital in the uncompensated care base fiscal year (and adjusted based upon historical utilization and projected increases in utilization) by $52.65.

9)~~8)~~ Effective on or after October 1, 1992, a ~~A~~ hospital will not be eligible for an uncompensated care payment adjustment under this Section for the uncompensated care rate year ~~years beginning August 1, 1992, and thereafter,~~ if the data supplied under subsections (1)(3)~~(4)~~, (5) and (6) above indicates a significant decrease in the level of uncompensated care. This determination will be made by comparing the level of uncompensated care provided in the immediately previous uncompensated care base ~~rate~~ year to the level of uncompensated care provided in the initial base year of August 1, 1990, through July 31, 1991. For purposes of this determination, uncompensated care in the base year of August 1, 1990, through July 31, 1991, and in subsequent uncompensated care base ~~rate~~ years shall, in addition to its usual definition, include charges for services reimbursable ~~reimbursed~~ by the Department under General Assistance (Article VI) and Aid to the Medically Indigent (Article VII). For example, eligibility for a payment for the uncompensated care rate year beginning ~~August~~ October 1, 1992, shall be subject to a determination that there is not a significant decrease in the level of uncompensated care provided from August 1991 through July 1992 as compared to the level of uncompensated care provided from August 1990 through July 1991. Factors which the Department may consider in determining whether a significant

Section 148.120(1)(9) (continued)

decrease in uncompensated care has occurred may include, but not be limited to, a change in socio-economic characteristics of the community.

10) ~~9)~~ The uncompensated care payment adjustments shall be in addition to any applicable adjustments described in subsections (g), (j) and (k), subject to the limitations described in subsection (m). Reimbursement for uncompensated care payment adjustments shall be made on a quarterly basis, payable to the hospital in the quarter following each quarter for which the hospital is entitled to an uncompensated care payment adjustment.

11) ~~10)~~ All hospitals eligible for an uncompensated care payment adjustment shall be deemed to have met the requirements of Section 5-17 of the Public Aid Code that hospitals provide equal access to available services to low-income persons who are eligible for assistance under Articles V, VI and VII of the Public Aid Code. Nothing in this subsection shall be construed to imply that a hospital that is ineligible for an uncompensated care payment adjustment has not met the requirements of Section 5-17 of the Public Aid Code.

m) DSH Adjustment Limitations.

1) Hospitals that qualify for DSH adjustments under subsections (g) through (l) shall not be eligible for the total DSH adjustment if, during the DSH determination year:

A) The hospital discontinues the provision of non-emergency obstetrical care (the provisions of this subsection shall not apply to those hospitals described in 89 Ill. Adm. Code 149.50(c)(1) through (c)(4) or those hospitals that have not offered nonemergency obstetric services as of December 22, 1987). In this instance, total DSH adjustments shall be reduced as follows:

i) The adjustments calculated under subsections (g)(1) and (g)(2) shall cease effective on the date that the hospital discontinued the provision of such non-emergency obstetrical care.

ii) The adjustments calculated under subsections (j), (k) and (l) shall be pro-rated based upon the date that the hospital discontinued the provision of non-emergency obstetrical care.

Section 148.120(m)(1)(A) (continued)

B) The hospital does not honor its commitment to maintain operations as required in subsection (j)(5)(B). In this instance, the Department may, subject to approval by the Director, deem the hospital ineligible for the annual adjustments described in subsection (j)(5)(B), either in total or in part.

C) The hospital discontinues its formal linkage agreements required in subsections (j)(5)(B)(ii) and (j)(5)(B)(iii). In this instance, the annual adjustment described in subsection (j)(5)(B) shall be pro-rated based upon the date that the formal linkage agreement(s) was discontinued.

D) The hospital is no longer recognized or designated by the Illinois Department of Public Health as a Level II perinatal center, as required by subsection (a)(6)(A). In this instance, the annual adjustment described in subsection (k)(2)(A) shall be pro-rated, as applicable, based upon the date that the designation ceased.

2) Inpatient Payment Adjustments based upon DSH Determination Reviews. Appeals based upon a hospital's ineligibility for DSH payment adjustments, or their payment adjustment amounts, in accordance with Section 148.310, which result in a change in a hospital's eligibility for DSH payment adjustments or a change in a hospital's payment adjustment amounts, shall not affect the DSH status of any other hospital or the payment adjustment amount of any other hospital that has received notification from the Department of their eligibility for DSH payment adjustments based upon the requirements of this section.

3) DSH Payment Adjustment Cap. In accordance with Public Law 102-234, if the aggregate DSH payment adjustments calculated under this section exceed the State's final DSH Allotment as determined by the Health Care Financing Administration (HCFA), DSH payment adjustments calculated under this section shall be adjusted in proportion to the lesser State DSH Allotment.

n)~~m)~~ Inpatient Payment Adjustment Definitions. The definitions of terms used with reference to calculation of the inpatient payment adjustments are as follows:

1) "Base fiscal year" means, for example, the hospital's fiscal year ending in 1990 for the October 1, 1992 DSH determination year, the hospital's fiscal year ending in 1991 for the October 1, 1993 DSH determination year, etc. ~~"Medicaid inpatient-~~

Section 148.120(n)(1) (continued)

~~utilization rate" means a fraction, the numerator of which is the number of a hospital's inpatient days provided in a given 12-month period to patients who, for such days, were eligible for Medicaid under Title XIX of the Federal Social Security Act (42 U.S.C. Sec. 1396a et. seq.) and the denominator of which is the total number of the hospital's inpatient days in that same period.~~

2) "CCA base year" means, State Fiscal Year 1991 for CCA payments calculated for the October 1, 1992 DSH determination year, State Fiscal Year 1992 for CCA payments calculated for the October 1, 1993 DSH determination year, etc. ~~"Mean medical assistance inpatient utilization percentage" means the total number of medical assistance inpatient days provided by all Medicaid participating hospitals divided by the total number of inpatient days provided by those same hospitals.~~

3) "Children's admission" means a claim billed as an admission of an individual under the age of 18, which was subsequently paid by the Department and contained within the Department's paid claims data base, but excludes those claims billed as admissions with an ICD-9-CM principal diagnosis code within the range of 650 and 669 (indicating an obstetrical admission). ~~"Medicare utilization differential" means a hospital's Medicare inpatient utilization percentage minus the mean Medicare inpatient utilization percentage; provided, however, that in no event shall the Medicare utilization differential be less than zero.~~

4) "DSH determination year" means, beginning October 1, 1992, the 12 month period beginning on October 1 of the year and ending September 30 of the following year. ~~"Medicare inpatient utilization percentage" means a fraction, the numerator of which is the number of a hospital's inpatient days provided in a given 12-month period to patients who, for such days, were eligible for Medicare under Title XVIII of the federal Social Security Act, and the denominator of which is the total number of the hospital's inpatient days in that same period.~~

5) "Mean Medicaid inpatient utilization rate" means the total number of inpatient days provided in a given 12-month period by all Medicaid-participating Illinois hospitals to patients who, for such days, were eligible for Medicaid under Title XIX of the Federal Social Security Act (42 U.S.C. Sec. 1396a et. seq.), divided by the total number of inpatient days provided by those same hospitals. ~~"Mean Medicare inpatient utilization percentage" means the total number of Medicare inpatient days-~~

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Section 148.120(n)(5) (continued)

~~provided by all Illinois hospitals divided by the total number of inpatient days provided by those same hospitals.~~

6) "Medicaid charges" means hospital charges for inpatient, outpatient, and hospital-based clinic services provided to recipients of medical assistance under Title XIX of the Social Security Act. ~~"Occupancy ratio" means a fraction, the numerator of which is the hospital's occupancy rate as determined by the Illinois Department of Public Health and the denominator of which is the mean occupancy rate of:~~

~~A) all Illinois hospitals located within Metropolitan Statistical Areas when calculating the occupancy ratio for a hospital located within a Metropolitan Statistical Area; or~~

~~B) all Illinois hospitals located outside of Metropolitan Statistical Areas when calculating the occupancy ratio for a hospital located outside of any Metropolitan Statistical Area.~~

7) "Medicaid days" means hospital days billed and reimbursed by the Department, and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act. ~~"Mean occupancy rate" means the sum of occupancy rates, as determined by the Illinois Department of Public Health, of all hospitals within a category of hospitals described in subsection (g)(6) divided by the total number of hospitals in such category.~~

8) "Medicaid inpatient utilization rate" means a fraction, the numerator of which is the number of a hospital's inpatient days provided in a given 12-month period to patients who, for such days, were eligible for Medicaid under Title XIX of the Federal Social Security Act (42 U.S.C. Sec. 1396a et. seq.) and the denominator of which is the total number of the hospital's inpatient days in that same period. ~~"Children's admission" means a claim billed as an admission of an individual under the age of 18, which was subsequently paid by the Department, but excludes those claims billed as admissions with an ICD-9-CM principal diagnosis code within the range of 650 and 669 (indicating an obstetrical admission)~~

9) "Medicaid obstetrical inpatient utilization rate" means the ratio of Medicaid (Title XIX) obstetrical inpatient days, as defined in subsection (n)(10), to total Medicaid (Title XIX)

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inpatient days, as defined in subsection (n)(15). This information shall be derived from the Department's paid claims data base for applicable services billed and reimbursed in the Medicaid obstetrical inpatient utilization rate base year (i.e., FY'91 for the October 1, 1992 DSH determination year; FY'92 for the October 1, 1993 DSH determination year, etc.). ~~"Critical care access base year" means, State Fiscal Year 1990 for critical care access payments calculated for State Fiscal Year 1992, State Fiscal Year 1991 for critical care access payments calculated for State Fiscal Year 1993, etc.~~

10) "Medicaid (Title XIX) obstetrical inpatient days" means, hospital inpatient days billed and reimbursed by the Department and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of Social Security Act, with an ICD-9-CM principal diagnosis code within the ranges of 650 and 669 which result in childbirth, and specifically excludes Medicare/Medicaid crossover claims. ~~"Medicaid charges" means hospital charges for services provided to recipients of medical assistance under Title XIX of the Social Security Act.~~

11) "Obstetrical admission" means a claim billed as an admission, which was subsequently paid by the Department and contained within the Department's paid claims data base, with an ICD-9-CM principal diagnosis code within the ranges of 650 and 669 which resulted in childbirth. ~~"Medicaid days" means hospital days billed and reimbursed by the Department for recipients of medical assistance under Title XIX of the Social Security Act.~~

12) "Perinatal admission" means those claims billed as admissions, which were subsequently paid by the Department and contained within the Department's paid claims data base, for infants less than 29 days of age at the time of the admission with an ICD-9-CM diagnosis code within the ranges of 760 through 779 and V30 through V39, and those claims billed as admissions, which were subsequently paid by the Department and contained within the Department's paid claims data base, related to pregnancy, childbirth and the puerperium with an ICD-9-CM principal diagnosis code within the range of 630 through 676. ~~"Obstetrical admission" means a claim billed as an admission, which was subsequently paid by the Department, with an ICD-9-CM principal diagnosis code within the ranges of 650 and 669 which result in childbirth.~~

Section 148.120(n) (continued)

13) "TAP base year" means, State Fiscal Year 1991 for TAP payments calculated for the October 1, 1992 DSH determination year; State Fiscal Year 1992 for TAP payments calculated for the October 1, 1993 DSH determination year, etc. ~~"Perinatal admission" means those claims billed as admissions, which were subsequently paid by the Department, for infants less than 29 days of age at the time of the admission with an ICD-9-CM diagnosis code within the ranges of 760 through 779 and V30 through V39, and those claims billed as admissions, which were subsequently paid by the Department, related to pregnancy, childbirth and the puerperium with an ICD-9-CM principal diagnosis code within the range of 630 through 676.~~

14) "Total charges" means the total amount of a hospital's charges for inpatient, outpatient, and hospital-based clinic services it has provided. ~~"Targeted access base year" means, State Fiscal Year 1990 for targeted access payments calculated for State Fiscal Year 1992; State Fiscal Year 1991 for targeted access payments calculated for State Fiscal Year 1993, etc.~~

15) "Total Medicaid (Title XIX) inpatient days", as referred to in subsection (n)(9), means, hospital inpatient days billed and reimbursed by the Department, and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, and specifically excludes Medicare/Medicaid crossover claims. ~~"Total charges" means the total amount of a hospital's charges for services it has provided.~~

16) "Total medical assistance admissions" means the total claims billed as admissions which were subsequently paid by the Department and contained within the Department's paid claims data base.

~~17) "Trauma admission" means those claims billed as admissions, which were subsequently paid by the Department, with an ICD-9-CM principal diagnosis code of: 800.0 through 800.99, 801.0 through 801.99, 802.0 through 802.99, 803.0 through 803.99, 804.0 through 804.99, 805.0 through 805.98, 806.0 through 806.99, 807.0 through 807.69, 808.0 through 808.9, 809.0 through 809.1, 828.0 through 828.1, 839.0 through 839.3, 839.7 through 839.9, 850.0 through 850.9, 851.0 through 851.99, 852.0 through 852.59, 853.0 through 853.19, 854.0 through 854.19, 860.0 through 860.5, 861.0 through 861.32, 862.8, 863.0 through 863.99, 864.0 through 864.19, 865.0 through 865.19, 866.0 through 866.13, 867.0 through 867.9, 868.0 through 868.19, 869.0-~~

Section 148.120(n)(17) (continued)

~~through 869.1, 887.0 through 887.7, 896.0 through 896.3, 897.0 through 897.7, 900.0 through 900.9, 902.0 through 904.9, 925, 926.8, 929.0 through 929.99, 958.4, 958.5, 990 through 994.99. For those hospitals recognized as Level I trauma centers solely for pediatric trauma cases, trauma admissions are only calculated for the claims billed as admissions, which were subsequently paid by the Department, with ICD-9-CM diagnoses within the above ranges for children under the age of 18.~~

17) "Uncompensated care base fiscal year" means, for example, State Fiscal Year 1991, for the October 1, 1992, uncompensated care rate year, State Fiscal Year 1992, for the October 1, 1993, uncompensated care rate year, etc.

18) "Uncompensated care base year" means August 1 through July 31 of each year beginning with the initial August 1, 1990, through July 31, 1991, base year.

19) ~~18)~~ "Uncompensated care charges" for a hospital means:

A) the hospital's charges for inpatient, outpatient, and hospital-based clinic services for which the hospital was not reimbursed by either the patient or a third party (including the Department).

B) less:

i) the amount of the hospital's bad debt recoveries for inpatient, outpatient, and hospital-based clinic services; and

ii) the hospital's charges attributable to inpatient, outpatient, and hospital-based clinic services that it provided without charge or at reduced charges under its obligation under the federal Hill-Burton Act (42 U.S.C. 291 et seq.).

20) ~~19)~~ "Uncompensated care rate year" means October ~~August~~ 1 through September 30 ~~July 31~~ of each year beginning with the October 1, 1992, ~~August 1, 1991~~ rate year.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.130 Outlier Adjustments for Exceptionally Costly Stays
EMERGENCY

a) Outlier Adjustments. Outlier adjustments for exceptionally costly stays provided by hospitals or distinct part units reimbursed on a per diem basis or hospitals reimbursed in accordance with 89 Ill. Adm. Code 148.80(g) prior to October 1, 1992, shall be determined and paid in accordance with the statutes and administrative rules governing the time period when the services were rendered with the following exception: beginning with State Fiscal Year 1993, the annual determination of those hospitals qualifying for adjustments under subsection (b) below shall be made effective on October 1, 1992 and each October 1 thereafter. Hospitals qualified for outlier adjustments on June 30, 1992, shall continue to be eligible for such outlier adjustments for inpatient services provided July 1, 1992, through September 30, 1992, at the adjustment rate, and utilizing the adjustment criteria, in effect on June 30, 1992. ~~For inpatient services provided July 1, 1989 through June 30, 1991, the Department shall make outlier adjustments to payment amounts for medically necessary inpatient hospital services involving exceptionally high costs for individuals under one year of age, when such services were provided by hospitals defined by the Department as disproportionate share under 89 Ill. Adm. Code 148.120(a)(1) through (a)(4). For inpatient services provided on or after July 1, 1991, the Department shall make outlier adjustments to payment amounts for medically necessary inpatient hospital services involving exceptionally high costs for infants who have not attained the age of one (1) year, and to children who have not attained the age of six (6) years and who receive such services in a disproportionate share hospital described in 89 Ill. Adm. Code 148.120(a)(1) through (a)(5). The Department is not required to provide outlier adjustments for exceptionally long lengths of stay as there are no durational limits on inpatient stays and the Department reimburses the hospital on a per diem or per day basis regardless of the length of stay as long as such stay was medically necessary.~~

b) The determination of those services qualified for an outlier adjustment shall be made as follows for services provided on and after October 1, 1992, for hospitals or distinct part units reimbursed on a per diem basis or hospitals reimbursed in accordance with 89 Ill. Adm. Code 148.80(g): ~~The determination of those services qualified for an outlier adjustment shall be made as follows for the period July 1, 1989 through June 30, 1991:~~

1) The services must have been provided on or after October 1, 1992; and ~~July 1, 1989, to individuals under one year of age.~~

2) The services must have been provided ~~by hospitals defined by the~~

Section 148.130(b)(2) (continued)

~~Department as disproportionate share under 89 Ill. Adm. Code Sections 148.120(a)(1) through (a)(4).~~ to:

A) Children who have not attained the age of six (6) years by hospitals defined by the Department as DSH hospitals under Section 148.120(a)(1) through (a)(6); or

B) Infants who have not attained the age of one (1) year by hospitals that do not meet the definition of a DSH hospital under Section 148.120(a)(1) through (a)(6).

3) Claims with total covered charges equal to or above the mean total covered charges plus one standard deviation shall be considered for outlier adjustments once the following calculations have been performed:

A) Total covered charges equal to or exceeding one standard deviation above the mean shall be multiplied by the hospital's cost to charge ratio.

B) The hospital's rate for services provided on the claim shall be multiplied by the number of covered days on the claim.

C) The product of (B) above shall be subtracted from the product of (A) above.

D) The difference of (C) above shall be multiplied by .25, the product of which shall be the outlier adjustment for the claim.

E) Third party payments (credits) shall be applied to the final payment made on the claim.

~~c) The determination of those services qualified for an outlier adjustment shall be made as follows for the period July 1, 1991 and after:~~

~~1) The services must have been provided on or after July 1, 1991.~~

~~2) The services must have been provided to:~~

~~A) children who have not attained the age of six (6) years by hospitals defined by the Department as disproportionate share under 89 Ill. Adm. Code 148.120(a)(1) through (a)(5); or~~

Section 148.130(c)(2) (continued)

~~B) infants who have not attained the age of one (1) year by hospitals that do not meet the definition of disproportionate share under 89 Ill. Adm. Code 148.120(a)(1) through (a)(5).~~

~~3) Claims with total covered charges equal to or above the mean total covered charges plus one standard deviation shall be considered for outlier adjustments once the following calculations have been performed:~~

~~A) Total covered charges equal to or exceeding one standard deviation above the mean shall be multiplied by the hospital's cost to charge ratio.~~

~~B) The hospital's rate for services provided on the claim shall be multiplied by the number of covered days on the claim.~~

~~C) The product of (B) above shall be subtracted from the product of (A) above.~~

~~D) The difference of (C) above shall be multiplied by .25, the product of which shall be the outlier adjustment for the claim.~~

~~E) Third party payments (credits) shall be applied to the final payment made on the claim.~~

~~d) The determination of those services qualified for an outlier adjustment shall be made as follows for admissions September 1, 1991 and after for hospitals and/or distinct part units reimbursed on a per diem basis or hospitals reimbursed in accordance with 89 Ill. Adm. Code 148.80(g):~~

~~1) The admission must have occurred on or after September 1, 1991; and~~

~~2) The services must have been provided to:~~

~~A) children who have not attained the age of six (6) years by hospitals defined by the Department as disproportionate share under 89 Ill. Adm. Code 148.120(a)(1) through (a)(5); or~~

~~B) infants who have not attained the age of one (1) year by~~

Section 148.130(d)(2)(B) (continued)

~~hospitals that do not meet the definition of disproportionate share under 89 Ill. Adm. Code 148.120(a)(1) through (a)(5).~~

~~3) Claims with total covered charges equal to or above the mean total covered charges plus one standard deviation shall be considered for outlier adjustments once the following calculations have been performed:~~

~~A) Total covered charges equal to or exceeding one standard deviation above the mean shall be multiplied by the hospital's cost to charge ratio.~~

~~B) The hospital's rate for services provided on the claim shall be multiplied by the number of covered days on the claim.~~

~~C) The product of (B) above shall be subtracted from the product of (A) above.~~

~~D) The difference of (C) above shall be multiplied by .25, the product of which shall be the outlier adjustment for the claim.~~

~~E) Third party payments (credits) shall be applied to the final payment made on the claim.~~

c)~~e)~~ The determination of those services qualified for an outlier adjustment shall be made in accordance with 89 Ill. Adm. Code 149.105 for hospitals reimbursed on a per case basis.

d)~~f)~~ Definition of terms relating to outlier adjustments are as follows:

1) "Base fiscal year" means the hospital's fiscal year cost report most recently audited by the Department.

2) "Cost to Charge Ratio" means the hospital's Medicaid total allowable cost for all care divided by the Medicaid total covered charges for all care. The Cost to Charge Ratio is derived by utilizing cost report data from the hospital's base fiscal year.

3) "Mean total covered charges" means the mean total covered charges (as described in (5) below), for services provided in the previous rate period which have been paid by the Department, as follows:

Section 148.130(d)(3) (continued)

A) For hospitals that do not meet the definition of a DSH hospital under Section 148.120(a)(1) through (a)(6) in the DSH determination year, the mean total covered charges for all claims for inpatient services provided to individuals under the age of one year; and

B) For hospitals defined by the Department as DSH hospitals under Section 148.120(a)(1) through (a)(6) in the DSH determination year, the mean total covered charges for all claims for inpatient services provided to individuals under the age of six years.

~~1) "Total covered charges" means the amount entered on the UB-82 Uniform Billing Form for revenue code 001 in column 53 (Total Charges), minus the amount in column 54 (Non-Covered Charges) for revenue code 001.~~

~~2) "Mean total covered charges" means the mean total covered charges (as described in (1) above) for all claims for inpatient services provided by the hospital to individuals under the age of one for services provided prior to July 1, 1991 and for services provided July 1, 1991 and after in non-disproportionate share hospitals and for individuals under the age of six for services provided July 1, 1991 and after in a disproportionate share hospital in the previous state fiscal year which have been paid by the Department.~~

~~3) "Cost-to-Charge Ratio" means the hospital's Medicaid total allowable cost for all care divided by the Medicaid total covered charges for all care. The Cost-to-Charge Ratio is derived by utilizing cost report data from the hospital's base fiscal year (i.e., calendar year 1987 for fiscal year 1990 payments, calendar year 1988 for fiscal year 1991 payments, etc.).~~

4) "Rate for services provided" means the inpatient rate in effect for the type of services provided.

5) "Total covered charges" means the amount entered on the UB-82 Uniform Billing Form for revenue code 001 in column 53 (Total Charges), minus the amount in column 54 (Non-Covered Charges) for revenue code 001.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.140 Hospital Outpatient and Hospital-Based Clinic Services
EMERGENCY

a) Reimbursement for hospital outpatient and hospital-based clinic services shall be made on a fee for service basis, except for those services that meet the definition of the Hospital Ambulatory Care Program as described in subsection (a)(3), and except as described in subsection (b) for ESRDT Services and subsection (c) for encounter rate hospitals.

1) Reimbursement levels shall be at the lower of the hospital's usual and customary charge to the public or the Department's statewide maximum reimbursement screens. Hospitals will be required to bill the Department utilizing specific service codes. However, all specific client coverage policies (relating to client eligibility and scope of services available to those clients) which pertain to the service billed are applicable to hospitals in the same manner as to non-hospital providers who bill fee for service.

2) Reimbursement for the fee codes established July 1, 1983, and implemented through March 31, 1986, for procedures performed in a hospital setting will be calculated and paid in accordance with the statutes and administrative rules governing the time period in question.

3) A Hospital Ambulatory Care list defines those technical procedures that require the use of the hospital outpatient or clinic setting, its technical staff and/or equipment. This list is updated periodically. The procedures are grouped according to type and complexity, each with a separate rate structure as follows:

A) High level technology surgeries are reimbursed at the lesser of charges or the hospital's alternate reimbursement rate, as defined in Section 148.270(a), equivalent to the rate of a one-day inpatient stay.

B) ~~Other surgical,~~ Certain non-surgical, very high level technology services recognized and approved by the Department as safe outpatient procedures are reimbursed in a category separate from other specialized cardiac and diagnostic procedures and are reimbursed at the lesser of charges or one of two separate rate maximums depending upon whether the hospital is classified as:

Section 148.140(a)(3)(B) (continued)

i) a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), or a major teaching ~~or other~~ hospital, as defined in Section 148.25(d); or ~~A major teaching hospital is one having four or more graduate medical eduation programs accredited by the American Medical Association, the American Dental Association or the American Osteopathic Association. This category will be reimbursed at the lesser of charges or a set rate maximum.~~

ii) with the exception of a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), a hospital defined in Section 148.25(e) through (f).

C) Other surgical ~~Certain nonsurgical, very high level technology services recognized and approved by the Department as safe outpatient procedures will be reimbursed in a category separate from other~~ specialized cardiac and diagnostic procedures~~. This category~~ will be reimbursed at the lesser of charges or ~~of~~ one of two separate rate maximums depending upon whether the hospital is classified as:

i) a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), or a major teaching ~~or other~~ hospital, as defined in Section 148.25(d); or ~~A major teaching hospital is one having four or more graduate medical eduation programs accredited by the American Medical Association, the American Dental Association or the American Osteopathic Association. This category will be reimbursed at the lesser of charges or a set rate maximum.~~

ii) with the exception of a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), a hospital defined in Section 148.25(e) through (f).

D) Specialized treatment procedures, observation services, high risk, and emergency room services will be reimbursed at the lesser of charges or a set rate maximum, or one of two separate rate maximums depending upon whether the hospital is classified as:

i) a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), or a major teaching ~~or other~~ hospital, as defined in Section 148.25(d); or

Section 148.140(a)(3)(D) (continued)

ii) with the exception of a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), a hospital defined in Section 148.25(e) through (f); and

iii) whether the service is provided in the outpatient, ~~or~~ general clinic, psychiatric clinic, or rehabilitation clinic department. ~~A major teaching hospital is one having four or more graduate medical eduation programs accredited by the American Medical Association, the American Dental Association or the American Osteopathic Association. This category will be reimbursed at the lesser of charges or a set rate maximum.~~

~~4) Reimbursement for encounter rate hospital outpatient and clinic services is on a fee for service basis except for those services that meet the definition of the Hospital Ambulatory Care programs and except for those services provided by an encounter rate hospital described in (B)(ii) below.~~

~~A) Effective July 1, 1990, encounter rate hospitals are defined as Illinois public hospitals that are located in a city with a population exceeding 1 million that have provided and have been paid for 85,000 days or more of inpatient hospital care to recipients of medical assistance during State Fiscal Year 1989.~~

~~B) Effective July 1, 1991, encounter rate hospitals are defined as:~~

~~i) Illinois county owned hospitals located in a city with a population exceeding 3 million; or~~

~~ii) Illinois county owned hospitals located in a city with a population exceeding 3 million that has provided and that has been paid for 85,000 days or more of inpatient hospital care to recipients of medical assistance during State Fiscal Year 1989.~~

~~C) Effective July 1, 1991, county operated outpatient facilities are defined as Illinois county operated outpatient facilities in a city with a population exceeding 3 million.~~

~~D) Effective September 1, 1991, encounter rate hospitals are defined as:~~

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Section 148.140(a)(4)(D) (continued)

~~i) Illinois county-owned hospitals located in a city with a population exceeding 3 million; or~~

~~ii) Illinois county-owned hospitals located in a city with a population exceeding 3 million that has provided and that has been paid for 85,000 days or more of inpatient hospital care to recipients of medical assistance during State Fiscal Year 1989; or~~

~~iii) Illinois state-owned hospitals located in a city with a population exceeding 3 million.~~

~~E) For encounter rate hospitals, a Hospital Ambulatory Care list defines those technical procedures that require the use of the hospital outpatient setting, its technical staff and/or equipment. This list is updated periodically. The procedures are grouped according to type and complexity, each with a separate rate structure as follows:~~

~~i) High level technology surgeries are reimbursed at the hospital's alternate reimbursement rate equivalent to the rate of a one day inpatient stay.~~

~~ii) Other surgical, specialized cardiac and diagnostic procedures are reimbursed at one of two separate rate maximums depending upon whether the hospital is classified as major teaching or other hospital. A major teaching hospital is one having four or more graduate medical education programs accredited by the American Medical Association, the American Dental Association or the American Osteopathic Association.~~

~~iii) Certain nonsurgical, very high level technology services recognized and approved by the Department as safe outpatient procedures will be reimbursed in a category separate from other specialized cardiac and diagnostic procedures. This category will be reimbursed at one of two separate rate maximums depending upon whether the hospital is classified as major teaching or other hospital. A major teaching hospital is one having four or more graduate medical education programs accredited by the American Medical Association, the American Dental Association or the American Osteopathic Association.~~

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Section 148.140(a)(4)(E) (continued)

~~iv) Specialized treatment procedures, high risk, and emergency room services will be reimbursed at a set rate maximum, or one of two separate rate maximums depending upon whether the hospital is classified as major teaching or other hospital, or whether the service is provided in the outpatient or general clinic department. A major teaching hospital is one having four or more graduate medical education programs accredited by the American Medical Association, the American Dental Association or the American Osteopathic Association.~~

~~v) For an encounter rate hospital described in (B)(ii) above, all other outpatient and hospital based clinic services are reimbursed at a set rate maximum.~~

~~F) For county operated outpatient facilities, all outpatient services are reimbursed at a set rate maximum.~~

~~G) Encounter rate hospitals and county operated outpatient facilities are required to submit outpatient cost reports to the Department within 90 days of the close of the hospital's fiscal year. The Department shall reconcile encounter rate hospital and county operated outpatient facility reimbursement rates to actual cost based upon the hospitals' filed outpatient cost reports.~~

~~H) Services are available to all clients in geographic areas in which an encounter rate hospital or a county operated outpatient facility is located.~~

4)~~5)~~ A list of restricted inpatient procedures pursuant to Section 148.180(b) has been established and is updated periodically. These restricted inpatient procedures will only be reimbursed when performed outside the inpatient setting or when the hospital supplies justification for an inpatient admission that meets Departmental established criteria. These criteria include, but are not limited to:

A) Presence of medical conditions which make prolonged post-operative observations by a nurse or skilled medical personnel a necessity (e.g., heart disease, severe diabetes).

B) An unrelated procedure is being done simultaneously which itself requires surgical hospitalization.

Section 148.140(a)(4) (continued)

C) The patient is unable to comprehend and/or follow the necessary instruction both prior to and following the procedure due to mental and/or physical impairment, and this would result in inadequate treatment and place the patient at risk.

D) Emergency admission or recent onset of severe symptoms would prohibit safely performing the procedure on an outpatient basis (e.g., bleeding, severe pain, nausea, vomiting).

E) Admission occurs subsequent to the performance of the procedure on an outpatient basis due to conditions such as:

i) instability of vital signs

ii) respiratory distress greater than existed pre-operatively

iii) post-operative pain not relieved by oral medication

iv) uncontrolled bleeding

v) lack of state of consciousness appropriate to age and development

vi) presence of persistent nausea or vomiting

vii) inability to ambulate consistent with age, previous mobility status and/or procedure.

b) Payment for outpatient end-stage renal disease treatment (ESRDT) services provided pursuant to Section 148.40(a)(3) shall be made at the Department's payment rates, as follows:

1) For inpatient hospital services services provided pursuant to Section 148.40(a)(3)(A), the Department shall reimburse hospitals pursuant to Sections 148.240 through 148.300 and 89 Ill. Adm. Code 149.

2) For outpatient services or home dialysis treatments provided pursuant to Section 148.40(a)(3)(B) or (C), the Department will reimburse hospitals and clinics for ESRDT services at a rate which will reimburse the provider for the dialysis treatment and all related supplies and equipment, as defined in 42 CFR

Section 148.140(b)(2) (continued)

405.231(o) (1984). This rate will be that rate established by Medicare pursuant to 42 CFR 405.439 and 405.441 (1989).

3) Payment for non-routine services. For services which are provided during outpatient or home dialysis treatment pursuant to Section 148.40(a)(3)(B) or (C) but are not defined as a routine service under 42 CFR 405.231(o) (1989), separate payment will be made to independent laboratories, pharmacies, and medical supply providers pursuant to 89 Ill. Adm. Code 140.430 through 140.434, 140.440 through 140.450, and 140.475 through 140.481, respectively.

4) Payment for physician services relating to ESRDT will be made separately to physicians, pursuant to 89 Ill. Adm. Code 140.400.

c) Reimbursement for encounter rate hospital outpatient and hospital-based clinic services is on a fee for service basis except for those services that meet the definition of the Hospital Ambulatory Care Program as described in subsection (c)(4), and except as described in subsection (b) for ESRDT Services, subsection (c)(5) for encounter rate hospitals described in Section 148.25(b)(2)(B), and subsection (c)(6) for county-operated outpatient facilities described in Section 148.25(b)(2)(D). ~~Reimbursement for hospital outpatient and clinic services provided by an encounter rate hospital on or after July 1, 1991, shall be made on an encounter rate basis.~~

1) Effective July 1, 1990, encounter rate hospitals are defined as those hospitals described in Section 148.25(b)(2)(B).

2) Effective July 1, 1991, encounter rate hospitals are defined as:

A) those hospitals described in Section 148.25(b)(2)(A); or

B) those hospitals described in Section 148.25(b)(2)(B); or

C) those county-operated outpatient facilities described in Section 148.25(b)(2)(D).

3) Effective September 1, 1991, encounter rate hospitals are defined as:

A) those hospitals described in Section 148.25(b)(2)(A); or

B) those hospitals described in Section 148.25(b)(2)(B); or

C) those hospitals described in Section 148.25(b)(2)(C); or

Section 148.140(c)(3) (continued)

D) those county-operated outpatient facilities described in Section 148.25(b)(2)(D).

4) For encounter rate hospitals with the exception of those county-operated outpatient facilities described in Section 148.25(b)(2)(D), a Hospital Ambulatory Care list defines those technical procedures that require the use of the hospital outpatient setting, its technical staff and/or equipment. This list is updated periodically. The procedures are grouped according to type and complexity, each with a separate rate structure as follows:

A) High level technology surgeries are reimbursed at the lesser of charges or the hospital's alternate reimbursement rate, as defined in Section 148.270(a), equivalent to the rate of a one-day inpatient stay.

B) Certain non-surgical, very high level technology services recognized and approved by the Department as safe outpatient procedures will be reimbursed in a category separate from other specialized cardiac and diagnostic procedures and will be reimbursed at the lesser of charges or one of two separate rate maximums depending upon whether the hospital is classified as:

i) a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), or a major teaching hospital, as defined in Section 148.25(b); or

ii) with the exception of a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), a hospital defined in Section 148.25(e) through (f).

C) Other surgical, specialized cardiac and diagnostic procedures will be reimbursed at the lesser of charges or one of two separate rate maximums depending upon whether the hospital is classified as:

i) a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), or a major teaching hospital, as defined in Section 148.25(d); or

ii) with the exception of a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), a hospital defined in Section 148.25(e) through (f).

Section 148.140(c)(4) (continued)

D) Specialized treatment procedures, observation services, high risk, and emergency room services will be reimbursed at the lesser of charges or a set rate maximum, or one of two separate rate maximums depending upon whether the hospital is classified as:

i) a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), or a major teaching hospital, as defined in Section 148.25(d); or

ii) with the exception of a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), a hospital defined in Section 148.25(e) through (f);and

iii) whether the service is provided in the outpatient, general clinic, psychiatric clinic, or rehabilitation clinic department.

5) For an encounter rate hospital described in Section 148.25(b)(2)(B), all outpatient and hospital-based clinic services not described in subsection (b)(4) above are reimbursed at a set rate maximum.

6) For county-operated outpatient facilities described in Section 148.25(b)(2)(D), all outpatient services are reimbursed at a set rate maximum.

7) Effective October 1, 1992, and in subsequent years, effective the first day of July of each year, reimbursement rates described in subsections (4), (5) and (6) above shall be adjusted by the annual percentage change in the per diem cost of inpatient hospital services as reported in the most recent annual Medicaid cost report.

8) Encounter rate hospitals are required to submit outpatient cost reports to the Department within 90 days of the close of the hospital's fiscal year. The Department shall reconcile encounter rate hospital reimbursement rates to actual cost based upon the hospitals' filed outpatient cost reports.

9) Services are available to all clients in geographic areas in which an encounter rate hospital is located.

10) ~~1) Reimbursement levels shall be at the encounter rate hospital's cost per encounter rate for each of the procedure groups described in subsection (a)(3) and by the category of service as~~

Section 148.140(c)(10) (continued)

~~reported on a financial statement audited by an independent Certified Public Accountant. A Medicaid cost report detailing outpatient costs must be filed with the Department in accordance with the provisions that regulate the filing of hospital inpatient Medicare cost reports. These cost reports shall be used to calculate a cost based rate. Encounter rate hospitals will be required to bill the Department utilizing all inclusive service codes. However, all~~ All specific client coverage policies (relating to client eligibility and scope of services available to those clients) which pertain to the service billed are applicable to encounter rate hospitals in the same manner as to hospitals reimbursed under the Ambulatory Care Program and to non-hospital and hospital providers who bill and receive reimbursement on a fee-for-service basis.

~~2) Reimbursement for the fee codes defined in subsection (a)(3) for encounter rate hospitals will be reimbursed at the Department's rate calculated in subsection (e)(1) above.~~

~~3) An encounter rate hospital is defined as an Illinois county owned, or effective September 1, 1991, an Illinois state owned hospital, located in a city with population exceeding 3 million.~~

11) ~~4)~~ Inpatient restricted procedures as provided in subsection (a)(4) shall apply to encounter rate hospitals.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.150 Uncompensated Care Payment Adjustment for
EMERGENCY Nondisproportionate Share Hospitals

a) The Department shall make uncompensated care payments to hospitals that do not qualify for disproportionate share under ~~89 Ill. Adm. Code~~ Sections 148.120(a)(1) through (a)(6)~~(5)~~ that are reimbursed under Sections ~~89 Ill. Adm. Code~~ 148.170, 148.250 ~~148.240~~ through 148.300 or 89 Ill. Adm. Code ~~Part~~ 149.

b) For the period August 1, 1991 through July 31, 1992, the hospital's uncompensated care payment shall be calculated and paid in accordance with the statutes and administrative rules governing the time period when the services were rendered. ~~by multiplying the number of Medicaid days provided by the hospital in State Fiscal Year 1990 (and adjusted based upon historical utilization and projected increases in utilization) by $41.70. The hospital has the right to appeal this determination if it believes a technical error has been made in the calculation. The appeal must be in writing and must be received by the Department within 30 days of receipt of the first payment of the uncompensated care payment adjustment.~~

Section 148.150(b) (continued)

~~e) The Uncompensated Care payment adjustments shall be in addition to any applicable adjustments described in subsections (g)(1), (g)(2), (h), (i), (j)(2) and (k)(2) and shall be paid to eligible hospitals on a quarterly basis.~~

c)~~d)~~ As a condition of eligibility for an uncompensated care payment adjustment during the August 1, 1991, uncompensated care rate year, each hospital shall submit, on or before January 15, 1992, the following inpatient, outpatient and hospital-based clinic service information to the Department for the period August 1, 1990 through July 31, 1991:

1) The dollar amount of uncompensated care charges rendered in the period described above.

2) The dollar amount of charges rendered during this period reimbursed by the Department under General Assistance (Article VI of the Public Aid Code) or Aid to the Medically Indigent (Article VII of the Public Aid Code).

3) The dollar amount of Medicaid charges rendered in the period described above.

4) The dollar amount of total charges for care rendered in the period described above.

d) For the period August 1, 1992, through September 30, 1992, the hospital's uncompensated care payment shall be calculated in accordance with Section 148.20(b). This payment is contingent upon the Department's receipt of the data described in subsection (c) above in accordance with the time limitation described in subsection (c) above.

e) Effective on or after October 1, 1992, as ~~As~~ a condition of eligibility for an uncompensated care payment adjustment for the uncompensated care rate year ~~during uncompensated care rate years beginning August 1, 1992, and thereafter~~, each hospital shall annually submit, on or before October 1 of the uncompensated care rate year, the following inpatient, outpatient and hospital-based clinic service information to the Department:

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1) The dollar amount of uncompensated care charges rendered in the previous uncompensated care base ~~rate~~ year.

2) The dollar amount of charges rendered in the previous uncompensated care base year that are reimbursable by the Department under General Assistance (Article VI of the Public Aid Code).

3)~~2)~~ The dollar amount of Medicaid charges rendered in the previous uncompensated care base ~~rate~~ year.

4)~~3)~~ The dollar amount of total charges for care rendered in the previous uncompensated care base ~~rate~~ year.

f) Effective on or after October 1, 1992, as a condition of eligibility for an uncompensated care payment adjustment for the uncompensated care rate year, hospitals that did not comply with the data requirement described in subsection (c) shall submit, on or before October 1, 1992, the data required under subsection (c) in addition to the data required under subsection (e). Effective on or after October 1, 1993, as a condition of eligibility for an uncompensated care payment adjustment for the uncompensated care rate year, hospitals that did not comply with the data requirement described in subsection (e) for the previous uncompensated care rate year shall submit, on or before October 1, of the uncompensated care rate year, the data required under subsection (c) for the previous uncompensated care rate year in addition to the data required under subsection (e).

g)~~f)~~ The data submitted under subsections (c), (e) and (f) ~~(d) and (e)~~ above shall be a statement for the uncompensated care rate year signed by the chief financial officer or chief executive officer certifying to the accuracy of the data submitted.

h)~~g)~~ Effective on or after October 1, 1992, all ~~All~~ hospitals required to submit cost reports in accordance with Section ~~89 Ill. Adm. Code~~ 148.210(a) ~~that provided Medicaid days in Fiscal Year 1990~~ shall be eligible for an uncompensated care payment adjustment for the uncompensated care rate year ~~beginning August 1, 1991,~~ subject to the reporting requirements of subsections (c)~~(d)~~, (e) and (f) above, and the provision of subsection (i) below. The uncompensated care payment for the uncompensated care rate year shall be calculated by multiplying the number of Medicaid days provided by the hospital in the uncompensated care base fiscal year (and adjusted based upon historical utilization and projected increases in utilization) by $65.00.

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Section 148.150 (continued)

i)~~h)~~ Effective on or after October 1, 1992, a ~~A~~ hospital will not be eligible for an uncompensated care payment adjustment under this Section for the uncompensated care rate year ~~years beginning August 1, 1992,~~ if the data supplied under subsections (c)~~(d)~~, (e) and (f) above indicates a significant decrease in the level of uncompensated care. This determination will be made by comparing the level of uncompensated care provided in the immediately previous uncompensated care base ~~rate~~ year to the level of uncompensated care provided in the initial base year of August 1, 1990, through July 31, 1991. For purposes of this determination, uncompensated care in the base year of August 1, 1990, through July 31, 1991, and in subsequent uncompensated care base ~~rate~~ years shall, in addition to its usual definition, include charges for services reimbursable ~~reimbursed~~ by the Department under General Assistance (Article VI) and Aid to the Medically Indigent (Article VII). For example, eligibility for a payment for the uncompensated care rate year beginning August 1992 shall be subject to a determination that there is not a significant decrease in the level of uncompensated care provided from August 1991 through July 1992 as compared to the level of uncompensated care provided from August 1990 through July 1991. Factors which the Department may consider in determining whether a significant decrease in uncompensated care has occurred may include, but not be limited to, a change in socio-economic characteristics of the community.

j)~~i)~~ Reimbursement for uncompensated care payment adjustments shall be made on a quarterly basis, payable to the hospital in the quarter following each quarter for which the hospital is entitled to an uncompensated care payment adjustment.

k)~~j)~~ All hospitals eligible for an uncompensated care payment adjustment shall be deemed to have met the requirements of Section 5-17 of the Public Aid Code that hospitals provide equal access to available services to low-income persons who are eligible for assistance under Articles V, VI and VII of the Public Aid Code. Nothing in this subsection shall be construed to imply that a hospital that is ineligible for an uncompensated care payment adjustment has not met the requirements of Section 5-17 of the Public Aid Code.

l)~~k)~~ Definitions

1) "Medicaid charges" means hospital charges for inpatient, outpatient and hospital-based clinic services provided to recipients of medical assistance under Title XIX of the Social Security Act.

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Section 148.150(l) (continued)

2) "Medicaid Days" means hospital days reimbursed by the Department for recipients of medical assistance under Title XIX of the Social Security Act.

3) "Total charges" means the total amount of a hospital's charges for inpatient, outpatient and hospital-based clinic services it has provided.

4) "Uncompensated care base fiscal year" means, for example, State Fiscal Year 1991, for the October 1, 1992, uncompensated care rate year, State Fiscal Year 1992, for the October 1, 1993, uncompensated care rate year, etc.

5) "Uncompensated care base year" means August 1 through July 31 of each year beginning with the initial August 1, 1990, through July 31, 1991, base year.

6)~~4)~~ "Uncompensated care charges" for a hospital means:

A) the hospital's charges for inpatient, outpatient and hospital-based clinic services for which the hospital was not reimbursed by either the patient or a third party (including the Department);

B) less:

i) the amount of the hospital's bad debt recoveries for inpatient, outpatient and hospital-based services; and

ii) the hospital's charges attributable to inpatient, outpatient and hospital-based clinic services that if provided without charge or at reduced charges under its obligation under the federal Hill-Burton Act (42 U.S.C. 291 et seq.).

7)~~5)~~ "Uncompensated care rate year" means October ~~August~~ 1 through September 30 ~~July 31~~ of each year beginning with October 1, 1992 ~~August 1, 1991~~ rate year.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

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Section 148.160 Payment Methodology for County-Owned Hospitals in an Illinois ~~a~~ County with a Population of Over 3 Million
EMERGENCY

a) In accordance with 89 Ill. Adm. Code 149.50 (c)(8), county-owned hospitals in an Illinois ~~a~~ county with a population greater than three million are excluded from the DRG PPS and are reimbursed in accordance with this section.

b) Base Year Costs

1) Each hospital's base year operating costs shall be the Medicaid cost per diem contained in the hospital's audited cost reports (see 42 CFR 447.260 and 447.265 (1982)) for hospitals fiscal years ending between 19 and 30 months prior to the fiscal year for which rates are being set (i.e., calendar year 1989 for fiscal year 1992 rates, calendar year 1990 for fiscal year 1993 rates, etc.). In the event that an audited cost report is not available at the time rates are calculated, the unaudited report for the applicable period shall be used for the calculation of interim rates. Upon completion of the audit, the rates shall by recalculated. Payments made under the interim rate shall be reconciled.

2) Each hospital's base year capital related costs shall be derived from the same audited cost report used for operating costs in subsection (b)(1) above.

3) Each hospital's base year direct medical education costs shall be derived from the same audited cost report used for operating costs in subsection (b)(1) above.

4) Each hospital's base year costs shall be the sum of the hospital's operating costs, capital related costs and medical education costs defined in subsections (b)(1) through (b)(3).

5) For new hospitals for which a base year cost report is not on file, the Department will use a more recently filed cost report, or if no cost report is on file, the hospital's estimate of costs, adjusted as necessary according to experience with hospitals of similar size, location and service intensity. The Department will recalculate any reimbursement rate based on a rate estimated as soon as a cost report becomes available. The recalculated rate will be effective for the entire fiscal year and the Department will retroactively adjust payments if reported costs are not consistent with the estimate on which the payments are based.

c) Restructuring Adjustments

Section 148.160(c) (continued)

Adjustments to base year costs will be made to reflect restructuring since filing the base year cost report. The restructuring must have been mandated to meet state, federal or local health and safety standards. The allowable Medicare/Medicaid costs (see 42 CFR Part 405, Subpart D, 1982) must be incurred as a result of mandated restructuring and identified from the most recent audited cost report available before or during the rate year. The restructuring costs must be significant, i.e., on a per unit basis; they must constitute one percent or more of the total allowable Medicare/Medicaid unit costs for the same time period. The Department will use the most recent available audited cost report to determine restructuring costs. If an audited cost report becomes available during the rate year, the reimbursement rate will be recalculated at that time to reflect restructuring cost adjustments. For audited reports received at the Office of Health Finance ~~Section~~, Illinois Department of Public Aid, between the first and fifteenth of the month, the effective date of the recalculated rate will be the first day of the following month. For audited reports received at the Finance Section between the sixteenth and last day of the month, the effective date will be the first day of the second month following the month the report is received. Allowable restructuring costs are adjusted to account for inflation from the midpoint of the restructuring cost reporting year to the midpoint of the base year according to the index and methodology of Data Resources, Inc. (DRI), national hospital market basket price proxies and added to the base year costs.

d) Inflation Adjustment For Base Year Cost Report Inflator

Effective October 1, 1992, and in subsequent years, effective the first day of July of each year, base ~~Base~~ year costs, including any adjustments for mandated restructuring, ~~will be updated from the midpoint of each hospital's base year to the midpoint of the fiscal year for which rates are being set (rate year) according to the hospital's historical rate of annual cost increases, as measured by dividing the hospital's cost report cost per diem as defined in subsection (b)(1) above by the previous year's cost report cost per diem~~ shall be adjusted by the annual percentage change in the per diem cost of inpatient hospital services as reported in the most recent annual Medicaid cost report; however, in no instance shall the adjusted rate effective October 1, 1992, and thereafter, be less than the rate in effect on June 1, 1992.

e) Review Procedure

The review procedure shall be in accordance with Section ~~89 Ill. Adm. Code~~ 148.310.

Section 148.160 (continued)

f) Applicable Adjustments for DSH ~~Disproportionate Share~~ Hospitals

1) The criteria and methodology for making applicable adjustments to DSH ~~disproportionate share~~ hospitals which are exempt from the DRG PPS as described in subsection (a) above, shall be in accordance with Section ~~89 Ill. Adm. Code~~ 148.120.

2) In addition to the DSH ~~disproportionate share~~ hospital payment adjustments described in Section ~~89 Ill. Adm. Code~~ 148.120, hospitals reimbursed under this Section shall have supplemental DSH ~~disproportionate share~~ payments calculated by multiplying the sum of the hospital's base year costs plus disproportionate share payment adjustments per diem from Section ~~89 Ill. Adm. Code~~ 148.120 by the hospital's percentage of inpatient days which are not reimbursed by a third party payer. Effective October 1, 1992, and in subsequent years, effective the first day of July of each year, supplemental DSH payments calculated under this subsection shall be adjusted by the annual percentage change in the per diem cost of inpatient hospital services as reported in the most recent annual Medicaid cost report; however, in no instance shall the supplemental DSH payments calculated effective October 1, 1992, and thereafter, be less than the supplemental DSH payments in effect on June 1, 1992.

g) Outlier Adjustments

Outlier adjustments to payment amounts for medically necessary inpatient hospital services involving exceptionally high costs for certain individuals shall be made in accordance with Section ~~89 Ill. Adm. Code~~ 148.130.

h) Trauma Center Adjustments. Trauma center adjustments shall be made in accordance with Section 148.290(c).

i)~~h)~~ Reductions to Total Payments

1) Copayments. Copayments are assessed under all medical programs administered by the Department except the General Assistance Program and shall be assessed in accordance with Section ~~89 Ill. Adm. Code~~ 148.190.

2) Third Party Payments. The requirements of Section 148.290(e)(2) ~~89 Ill. Adm. Code 149.290(e)(2)~~ shall apply.

j)~~i)~~ Prepayment and Utilization Review

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Section 148.160(j) (continued)

Prepayment and utilization review requirements shall be in accordance with Section ~~89 Ill. Adm. Code~~ 148.240.

k)~~j)~~ Cost Reporting Requirements

Cost reporting requirements shall be in accordance with Section ~~89 Ill. Adm. Code~~ 148.210.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.170 Payment Methodology for State-Owned Hospitals in an
EMERGENCY Illinois ~~a~~ County with a Population of Over 3 Million

a) In accordance with 89 Ill. Adm. Code 149.50(c)(8), state-owned hospitals in an Illinois ~~a~~ county with a population greater than three million are excluded from the DRG PPS and are reimbursed in accordance with this section.

b) Base Year Costs

1) Each hospital's base year cost per diem shall be derived from audited cost reports (see 42 CFR 447.260 and 447.265 (1982)) for hospitals' fiscal years ending between 19 and 30 months prior to the fiscal year for which rates are being set (i.e., Calendar Year 1989 for Fiscal Year 1992 rates, Calendar Year 1990 for Fiscal Year 1993 rates, etc.) will be used to define base year costs.

2) For new hospitals for which a base year cost report is not on file, the Department will use a more recent filed cost report or, if no cost report is on file, the hospital's estimate of costs, adjusted as necessary according to experience with hospitals of similar size, location and service intensity. The Department will recalculate any reimbursement rate based on a rate estimated as soon as a cost report becomes available. The recalculated rate will be effective for the entire fiscal year and the Department will retroactively adjust payments if reported costs are not consistent with the estimate on which the payments are based.

c) Restructuring Adjustment

Adjustments to base year costs will be made to reflect restructuring since filing the base year cost report. The restructuring must have

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Section 148.170(c) (continued)

been mandated to meet state, federal or local health and safety standards. The allowable Medicare/Medicaid costs (see 42 CFR Part 405, Subpart D, 1982) must be incurred as a result of mandated restructuring and identified from the most recent audited cost report available before or during the rate year. The restructuring costs must be significant, i.e., on a per unit basis; they must constitute one percent or more of the total allowable Medicare/Medicaid unit costs for the same time period. The Department will use the most recent available audited cost report to determine restructuring costs. If an audited cost report becomes available during the rate year, the reimbursement rate will be recalculated at that time to reflect restructuring cost adjustments. For audited reports received at the Office of Health Finance ~~Section~~, Illinois Department of Public Aid, between the first and fifteenth of the month, the effective date of the recalculated rate will be the first day of the following month. For audited reports received at the Finance Section between the sixteenth and last day of the month, the effective date will be the first day of the second month following the month the report is received. Allowable restructuring costs are adjusted to account for inflation from the midpoint of the restructuring cost reporting year to the midpoint of the base year according to the index and methodology of Data Resources, Inc. (DRI), national hospital market basket price proxies and added to the base year costs.

d) Inflation Adjustment For Base Year Cost Report Inflator

Base year costs, including any adjustments for mandated restructuring, will be updated from the midpoint of each hospital's base year to the midpoint of the ~~fiscal year~~ rate period for which rates are being set ~~(rate year)~~ according to the index and methodology of Data Resources, Inc. (DRI), national market basket price proxies.

e) Review Procedure

The review procedure shall be in accordance with Section ~~89 Ill. Adm. Code~~ 148.310.

f) Applicable adjustments for DSH ~~Disproportionate Share~~ Hospitals and Uncompensated Care.

The criteria and methodology for making applicable adjustments to ~~disproportionate share~~ DSH hospitals which are exempt from the DRG PPS as described in subsection (a) above, shall be in accordance with Section ~~89 Ill. Adm. Code~~ 148.120. The criteria and methodology for

Section 148.170(f) (continued)

making applicable adjustments for uncompensated care shall be in accordance with Section ~~89 Ill. Adm. Code~~ 148.120(1) or 148.150, as applicable.

g) Outlier Adjustments. Outlier adjustments to payment amounts for medically necessary inpatient hospital services involving exceptionally high costs for certain individuals shall be made in accordance with Section ~~89 Ill. Adm. Code~~ 148.130.

h) Reductions to Total Payments

1) Copayments. Copayments are assessed under all medical programs administered by the Department except the General Assistance Program and shall be assessed in accordance with Section ~~89 Ill. Adm. Code~~ 148.190.

2) Third Party Payments. The requirements of Section 148.290(e)(2) ~~89 Ill. Adm. Code 149.290(e)(2)~~ shall apply.

i) Prepayment and Utilization Review. Prepayment and utilization review requirements shall be in accordance with Section ~~89 Ill. Adm. Code~~ 148.240.

j) Cost Reporting Requirements. Cost reporting requirements shall be in accordance with Section ~~89 Ill. Adm. Code~~ 148.210.

k) In the event that an audited cost report is not available at the time rates are calculated, the unaudited report for the applicable period shall be used for the calculation of interim rates. Upon completion of the audit, the rates shall be recalculated. Payments made under the interim rate shall be reconciled.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.180 Payment for Pre-operative Days, Patient Specific Orders, and Services Which Can Be Performed in an Outpatient Setting
EMERGENCY

a) Pre-Operative Days. For hospitals and ~~/or~~ distinct part units reimbursed on a per diem basis under Sections ~~89 Ill. Adm. Code~~ 148.160, 148.170 or ~~148.240~~ 148.250 through 148.300, payment for pre-operative days shall be limited to the day immediately preceding surgery unless the attending physician has documented the medical necessity of an additional day or days. The documentation must be kept in the patient's medical record and must ~~should~~ consist of a

Section 148.180(a) (continued)

written notation made by the physician which documents ~~indicates~~ that more than one pre-operative day is medically necessary.

b) Inpatient Procedures Requiring Justification ~~Hospital Services~~

1) In accordance with Section ~~89 Ill. Adm. Code~~ 148.140(a)(4), payment for inpatient hospital services will not be made for procedures which have been identified as procedures which may be performed safely in an outpatient setting (i.e., without an admission to the hospital for an overnight stay) unless documentation in the patient's medical record indicates that:

A) The patient is in the hospital as an inpatient for a medically necessary condition unrelated to the surgical procedure;

B) The patient is in the hospital as an inpatient for an unrelated procedure to be performed on an inpatient basis simultaneously;

C) The practitioner has documented the medical necessity of performing the patient's surgery in an inpatient setting.

2) The list of procedures identified as restricted inpatient procedures which may be safely performed outside the inpatient setting and do not require that an inpatient admission would be reevaluated annually.

3) Additions to and deletions from the list of designated restricted inpatient procedures will be made following notice to and consultations with the Department's professional advisory committees, State Medicaid Advisory Committee, representatives selected by the hospitals, other third party payors, the Illinois Hospital Association, and other interested groups or individuals.

c) Ancillary Services and Tests

1) Ancillary services and routine tests (those services other than routine room and board and nursing which are required because of the patient's medical condition, including lab tests and x-rays) shall not be covered unless there is a patient specific written order for the test from the attending or operating physician ~~or~~ responsible ~~practitioner~~ for the care and treatment of the patient. The attending or operating physician responsible for the care and treatment of the patient is required to sign all

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Section 148.180(c)(1) (continued)

applicable sections for each test ordered in the appropriate place in the medical record. The order must be legible and explain completely all services or tests to be performed. (Standing orders are not acceptable ~~sufficient.)~~

2) Upon completion of the service or test, a fully documented description of results with findings, or the administration of medication, must be maintained in the patient medical records. Radiological services must have the actual x-rays and the interpretation report; laboratory/pathological tests must have the specific findings for each test; and drugs and pharmaceutical supplies must indicate strength, dosages and durations.

3) Charges for any and all such services or tests cannot exceed those charged to the general public. The failure to maintain and provide records as described in this Section shall result in the disallowance of the applicable charges upon audit.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.190 Copayments
EMERGENCY

a) Copayments will be assessed on inpatient hospital services in the following amounts:

1) Inpatient hospital services in hospitals with an alternate cost per diem rate (see Section 148.270(a)) of $325 or more.....$3 per day.

2) Inpatient hospital services in hospitals with an alternate cost per diem rate (see Section 148.270(a)) of more than $275 but less than $325.....$2 per day.

3) Inpatient hospital services in hospitals with an alternate cost per diem rate (see Section 148.270(a)) of $275 or less.....No Copayment.

b) Copayments will be assessed under all medical programs administered by the Department except the General Assistance medical program. Copayments will not be assessed against individuals under the age of 18, pregnant women (including post-partum women who have given birth within the last six weeks), or group care recipients. Copayments

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Section 148.190(b) (continued)

will be deducted automatically by the Department upon payment for services provided.

c) No provider may deny care or services on account of an individual's inability to pay a copayment; this requirement, however, shall not extinguish the liability for payment of the copayment by the individual to whom the care or services were furnished.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.200 Alternate Reimbursement Systems
EMERGENCY

a) Section 148.210 discusses cost reporting requirements for all hospitals participating in the Medicaid Program.

b) Section 148.220 describes the payment methodology for hospital inpatient services to recipients for admissions occurring prior to September 1, 1991.

c) The payments described in Sections 148.250 ~~89 Ill. Adm. Code 148.80, 148.240~~ through 148.300 ~~and Part 149~~ shall be effective for admissions on and after September 1, 1991.

d) The payments described in Section 148.80 shall be effective for admissions on and after September 1, 1991, with the exception of provisions that relate to pancreas or kidney-pancreas transplants. Provisions relating to pancreas or kidney-pancreas transplants shall be effective for admissions on and after July 1, 1992. ~~In the interim, hospitals shall be reimbursed on a per diem basis for admissions on and after September 1, 1991.~~

~~1) The interim per diem reimbursement system will be replaced by the Medicaid Prospective Payment System no later than April 1, 1992 and appropriate adjustments will be made to adjust payments previously made under the interim per diem reimbursement system. The reimbursement methodologies described in 89 Ill. Adm. Code 148.240 through 148.300 and Part 149 shall be retroactive for admissions on or after September 1, 1991.~~

~~2) The payments described in 89 Ill. Adm. Code 148.120 shall be effective on or after July 1, 1991 with the exception of the payments described in 148.120(1) and 148.150 which shall be effective on or after August 1, 1991. In the interim, hospitals~~

Section 148.200(d)(2) (continued)

~~will continue to receive their disproportionate share reimbursement rate which was in effect on June 30, 1991. Once the Fiscal Year 1992 determination has been made and rates have been calculated for Fiscal Year 1992, appropriate retroactive adjustments will be made to the interim disproportionate share rates.~~

~~3) In the interim, hospitals shall be reimbursed as follows:~~

~~A) Hospitals that, on August 31, 1991, have a contract with the Department under Section 3-4 of the Illinois Health Finance Reform Act shall elect to receive interim reimbursement under one of the reimbursement methodologies listed below:~~

~~i) The hospital's weighted average contracting rate as stated in the most recently negotiated contract.~~

~~ii) The payment methodology in effect August 31, 1991 in accordance with 89 Ill. Adm. Code 148.220.~~

~~B) Hospitals that, on August 31, 1991, do not have a contract with the Department under Section 3-4 of the Illinois Health Finance Reform Act shall continue to be reimbursed based upon the payment methodology in effect August 31, 1991, in accordance with 89 Ill. Adm. Code 148.220.~~

e) Sections 148.250 ~~148.240~~ through 148.300 describe the payment methodologies for hospital inpatient services to recipients of Medical Assistance---~~Grant (MAG) and Medical Assistance---No Grant (MANG)~~ provided by a hospital not reimbursed under the DRG Prospective Payment System (PPS) described in 89 Ill. Adm. Code ~~Part~~ 149 or the reimbursement methodologies described in Sections ~~89 Ill. Adm. Code~~ 148.80, 148.160 and 148.170.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.210 Filing Cost Reports
EMERGENCY

a) All hospitals in Illinois, ~~and~~ those hospitals in contiguous states providing 100 ~~200~~ or more inpatient days of care to Illinois program participants, and all hospitals located in states contiguous to Illinois that elect to be reimbursed under the methodology described in 89 Ill. Adm. Code 149 (the DRG Prospective Payment System), shall

Section 148.210(a) (continued)

be required to file Medicaid cost reports within 90 days of the close of that provider's fiscal year.

b) The Department may grant a 30-day extension of the due date for good cause.

c) For new hospitals, as described in Section 148.25(b), or distinct part units, as described in Section 148.25(c), for which a base year Medicaid cost report is not on file, the hospital must, in collaboration with Department staff, submit a rate year budget and utilization estimates ~~estimate for the most recent hospital fiscal year~~. The Department will recalculate the rate estimate when a Medicaid cost report becomes available and will retroactively adjust payments, if reported costs are not consistent with the estimate on which the payments are based.

d) For a hospital that is electing to participate in the Illinois Medicaid Program and has not filed a Medicaid cost report before, the hospital must submit the two most recently audited Medicare cost reports ~~Cost Report~~ at the time of enrollment.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.220 Pre September 1, 1991, Admissions
EMERGENCY

Reimbursement to hospitals for claims for admissions occurring prior to September 1, 1991, will be calculated and paid in accordance with the statutes and administrative rules governing the time period when the services were rendered, subject to the provisions of Section 148.20(b).

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.230 Admissions Occurring on or after September 1, 1991
EMERGENCY

Reimbursement to hospitals not reimbursed under the DRG PPS (see 89 Ill. Adm. Code ~~Part~~ 149) or the reimbursement methodologies established at Sections 148.80, 148.160 and 148.170 for inpatient admissions occurring on or after September 1, 1991, shall be calculated in accordance with Sections 148.250 ~~148.240~~ through 148.300, subject to the provisions of Section 148.20(b).

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

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Section 148.240 ~~Prepayment and~~ Utilization Review and Furnishing of
EMERGENCY Inpatient Hospital Services Directly or Under Arrangements

a) Utilization Review

The Department, or its designee, may conduct preadmission, concurrent, prepayment, and postpayment reviews of:

1) The quality and nature of the utilization of health services;

2) The medical necessity, reasonableness and appropriateness of inpatient hospital care for which additional payment is sought under outlier provisions;

3) The validity of the hospital's diagnostic and procedural information;

4) The completeness, adequacy and quality of the services furnished in the hospital; or

5) Other medical or other practices with respect to program participants or billing for services furnished to program participants.

b) Medical Review Notification

Hospitals shall be notified at least thirty (30) days in advance of any preadmission, concurrent, or prepayment review requirements imposed by the Department.

c)~~a)~~ Prepayment Review

The Department may require hospitals to submit claims to the Department for prepayment review and approval prior to rendering payment for services provided. Such prepayment review requirements will be focused on areas where the Department has substantial reason to suspect abuse (e.g., hospital billings deviate from the norm). The review may be conducted by the Department or its designated peer review ~~agent~~ agents. Prepayment review shall be used to determine the appropriateness and medical necessity of the inpatient stay. Payment shall not be made unless the medical necessity of the inpatient stay can be documented. The Department shall notify the hospital by letter or Department Informational Notice of the designated services which shall be subject to prepayment review. The prepayment review requirement shall commence thirty (30) days after the Department has given notice to the hospital of the designated services which shall be reviewed.

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Section 148.240 (continued)

d) Postpayment Review

Postpayment review shall be conducted on a random sample of hospital stays following reimbursement to the hospital for the care provided. The Department may also conduct postpayment review on specific types of care.

e) Hospital Utilization Control. Hospitals and distinct part units shall comply with the hospital utilization control requirements of 42 CFR, Ch. IV, Part 456, Subparts C, D and G (October 1, 1989), as appropriate. Utilization control requirements for inpatient psychiatric hospital care in a psychiatric hospital, as defined in 89 Ill. Adm. Code 149.50(c)(1) shall be in accordance with federal regulations at 42 CFR Part 441, Subparts C and D (October 1989).

f)~~b)~~ Denial of Payment as a Result of Admissions, Length of Stay, Transfers and Quality Review

1) If the Department determines that a hospital has misrepresented admissions, length of stay, discharges, or billing information, or has taken an action that results in the unnecessary admission or inappropriate discharge of a program participant, unnecessary multiple admissions of a program participant, unnecessary transfer of a program participant, or other inappropriate medical or other practices with respect to program participants or billing for services furnished to program participants, the Department may, as appropriate:

A) Deny payment (in whole or in part) with respect to inpatient hospital services provided with respect to such an unnecessary admission, inappropriate length of stay or discharge, subsequent readmission or transfer of an individual.

B) Require the hospital to take action necessary to prevent or correct the inappropriate practice.

C) Perform prepayment review in accordance with Section 148.240(b) ~~89 Ill. Adm. Code 148.240(a)~~.

2) When payment with respect to the discharge of an individual patient is denied by the Department or its designee, under subsection (f)~~(b)~~(1)(A), a reconsideration will be provided within 30 days upon the request of a practitioner or provider if such request is the result of the designee's own medical

Section 148.240(f)(2) (continued)

necessity or appropriateness of care denial determination and is received within 60 days of the Advisory Notice. The date of the Advisory Notice is counted as day one.

3) A determination under subsection (f)~~(b)~~(1) above, if it is related to a pattern of inappropriate admissions, length of stay and billing practices that has the effect of circumventing the prospective payment system, may result in:

A) withholding Medicaid payment (in full or in part) to the hospital until the hospital provides adequate assurances of compliance; or

B) termination of the hospital's Provider Agreement.

g) Furnishing of Inpatient Hospital Services Directly or Under Arrangements

1) The applicable payments made under Sections 148.80, 148.120, 148.130, 148.150, 148.160, 148.170 and 148.250 through 148.300 are payment in full for all inpatient hospital services other than for the services of nonhospital-based physicians to individual program participants and the services of certain hospital-based physicians as described in subsections (g)(1)(B)(i) through (g)(1)(B)(v) below.

A) Hospital-based physicians who may not bill separately on a fee-for-service basis:

i) A physician whose salary is included in the hospital's cost report for direct patient care may not bill separately on a fee-for-service basis.

ii) A teaching physician who provides direct patient care may not bill separately on a fee-for-service basis if the salary paid to the teaching physician by the hospital or other institution includes a component for treatment services.

B) Hospital-based physicians who may bill separately on a fee-for-service basis:

i) A physician whose salary is not included in the hospital's cost report for direct patient care may bill separately on a fee-for-service basis.

Section 148.240(g)(1)(B) (continued)

ii) A teaching physician who provides direct patient care may bill separately on a fee-for-service basis if the salary paid to the teaching physician by the hospital or other institution does not include a component for treatment services.

iii) A resident may bill separately on a fee-for-service basis when, by the terms of his or her contract with the hospital, he or she is permitted to and does bill private patients and collect and retain the payments received for those services.

iv) A hospital-based specialist who is salaried, with the cost of his or her services included in the hospital reimbursement costs, may bill separately on a fee-for-service basis when, by the terms of his or her contract with the hospital, he or she may charge for professional services and do, in fact, bill private patients and collect and retain the payments received.

v) A physician holding a nonteaching administrative or staff position in a hospital or medical school may bill separately on a fee-for-service basis to the extent that he or she maintains a private practice and bills private patients and collects and retains payments made.

2) Charges are to be submitted on a fee-for-service basis only when the physician seeking reimbursement has been personally involved in the services being provided. In the case of surgery, it means presence in the operating room, performing or supervising the major phases of the operation, with full and immediate responsibility for all actions performed as a part of the surgical treatment.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.250 Determination of Alternate Payment Rates to Certain Exempt Hospitals
EMERGENCY

The exempt hospitals, defined in 89 Ill. Adm. Code 149.50(c)(1), (c)(2), (c)(4) and (c)(7), shall be reimbursed for inpatient hospital care provided to recipients by summing the following reimbursement calculations:

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Section 148.250 (continued)

a) allowable operating cost per diem;

b) other costs (capital, direct medical education, and CRNA costs) reimbursed on a per diem basis; ~~and~~

c) applicable DSH ~~disproportionate share~~ and uncompensated care adjustments as described in 89 Ill. Adm. Code 148.120 or 148.150, as applicable, and outlier adjustments as described in 89 Ill. Adm. Code 148.130~~.~~; and

d) applicable trauma center adjustments and rehabilitation hospital adjustments as described in 89 Ill. Adm. Code 148.290(c) through (d).

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.260 Calculation and Definitions of Inpatient Per Diem Rates
EMERGENCY

a) Calculation for the first rate year period ~~rate~~

1) Allowable operating cost per diem

A) The allowable operating cost per diem for a hospital, described in Section ~~89 Ill. Adm. Code~~ 148.250(a), and for hospitals or hospital units, described in Section ~~89 Ill. Adm. Code~~ 148.270, shall be calculated by taking the hospital's Medicaid inpatient operating costs for the base period as defined in Section 148.25(g)(1) ~~(as reported on the hospital's latest audited Medicaid cost report on file with the Department, i.e., two hospital report years, 1988 and 1989, are used for FY'92 rates, 1989 and 1990 for FY'93, etc.)~~ divided by the hospital's Medicaid inpatient days.

B) In the event that an audited cost report is not available at the time rates are calculated, the unaudited report for the applicable period shall be used for the calculation of interim rates. Upon completion of the audit, the rates shall be recalculated. Payments made under the interim rate shall be reconciled.

C)~~B)~~ Operating cost base per diem rates for hospital inpatient care provided to Medicaid recipients beginning September 1, 1991, ~~and ending August 31, 1991,~~ shall be calculated by:

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Section 148.260(a)(1)(C) (continued)

i) Calculating each individual hospital's cost per diem less capital and direct medical education costs for each of the two most recent years for which an audited Medicaid cost report exists, as described in subsection (a)(1)(A) above.

ii) Each of the two cost per diems ~~(i.e., one for 1988 and one for 1989)~~ shall be trended forward to the midpoint of the ~~current~~ rate period ~~year~~ using the national hospital market basket price proxies (DRI).

iii) These two trended operating cost per diems are then added together and divided by two to calculate the hospital's FY'92 final operating cost per diem.

2) Capital Related Costs. The capital related cost per diem for a hospital, described in Section ~~89 Ill. Adm. Code~~ 148.250~~(a)~~, and for hospitals or hospital units, described in Section ~~89 Ill. Adm. Code~~ 148.270(b), shall be calculated by taking the hospital's total capital related costs for the base period as defined in Section 148.25(g)(1) ~~(as reported on the hospital's latest audited Medicare cost report on file with the Department, i.e., two hospital report years, 1988 and 1989, are used for FY'92 rates, 1989 and 1990 for FY'93, etc.)~~ divided by the hospital's total inpatient days, trended forward to the midpoint of the ~~current~~ rate period ~~year~~ using the national hospital market basket price proxies (DRI).

A) These two trended capital related cost per diems are then added together and divided by two to calculate the hospital's adjusted capital related cost per diem.

B) The adjusted capital related cost per diem, as calculated in subsection (a)(2)(A) above, shall be rank ordered for all hospitals and capped at the 80th percentile.

C) Each hospital shall receive a per diem add-on for capital related costs which shall be equal to the amount calculated in subsection (a)(2)(A) or subsection (a)(2)(B) above, whichever is less.

3) Direct Medical Education Costs. The direct medical education cost per diem for a hospital, described in Section ~~89 Ill. Adm. Code~~ 148.250(a), and for hospitals or hospital units, described in Section ~~89 Ill. Adm. Code~~ 148.270, shall be calculated by taking total inpatient direct medical education costs for the

Section 148.260(a)(3) (continued)

base period as defined in Section 148.25(g)(1) ~~(as reported on the hospital's latest audited Medicare cost report on file with the Department, i.e., two hospital report years, 1988 and 1989, are used for FY'92 rates, 1989 and 1990 for FY'93, etc.)~~ divided by the hospital's total inpatient days, trended forward to the midpoint of the ~~current~~ rate period ~~year~~ using the national hospital market basket price proxies (DRI).

A) The two trended direct medical education cost per diems are then added together and divided by two to calculate the hospital's adjusted direct medical education cost per diem.

B) The adjusted direct medical education cost per diem, as calculated in subsection (a)(3)(A) above, shall be rank ordered for all hospitals reporting such costs and capped at the 80th percentile.

C) Each hospital shall receive a per diem add-on for direct medical education costs which shall be equal to the amount calculated in subsection (a)(3)(A) or subsection (a)(3)(B) above, whichever is less.

4) CRNA Costs

A) Only hospitals that qualify for these payments under the Medicare Program (Section 5261 of HCFA 14-3 Update, 3-1-91) shall be eligible for these payments.

B) The CRNA cost per diem shall be calculated by taking the hospital's total CRNA costs for the base period as defined in Section 148.25(g)(1) ~~(as reported on the hospital's latest audited Medicare cost report on file with the Department, i.e., hospital report year 1989 is used for FY'92 rates, 1990 for FY'93, etc.)~~ divided by the hospital's total inpatient days, trended forward to the midpoint of the ~~current~~ rate ~~year~~ period using the national hospital market basket price proxies (DRI).

C) Each qualifying hospital, as described in subsection (a)(4)(A) above, shall receive a per diem add-on for CRNA costs which shall be equal to the amount calculated under subsection (a)(4)(B) above.

b) Calculation for ~~the Second and Third~~ subsequent Rate Periods ~~Years~~

Section 148.260(b) (continued)

For the rate periods ~~years~~ beginning on or after ~~September~~ October 1, 1992, ~~and on September 1, 1993,~~ the final rate per diem shall be determined by taking the operating, capital, direct medical education and CRNA trended rate cost per diems calculated for the base period ~~prior rate year~~ and updating those costs ~~that rate~~ by the national hospital market basket price proxies (DRI) to the midpoint of the rate period.

c) ~~Calculation for Subsequent Rate Years~~ Rebasing

For the rate period ~~year~~ beginning ~~September~~ October 1, 1994, and every third rate period ~~year~~ thereafter, the final rate per diem shall be calculated using the methodology set forth in subsection (a) using the most recently available audited Medicare/Medicaid cost reports.

d) In the event that an audited cost report is not available at the time rates are calculated, the unaudited report for the applicable period shall be used for the calculation of interim rates. Upon completion of the audit, the rates shall be recalculated. Payments made under the interim rate shall be reconciled.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.270 Determination of Alternate Cost Per Diem Rates For All
EMERGENCY Hospitals and Payment Rates for Certain Exempt Hospital Units

a) For all hospitals, regardless of the hospital's reimbursement methodology, the Department shall first calculate the hospital's alternate cost per diem rate, as calculated under Section ~~89 Ill. Adm. Code 148.250 and~~ 148.260, derived from the provider's two most recently audited inpatient Medicaid cost reports and the latest Medicare cost reports on file with the Department.

b) In the case of a distinct part unit, as described in 89 Ill. Adm. Code 149.50(d), the Department shall divide the hospital's Medicaid charges per diem (identified on paid claims submitted by the individual hospital during the most recently completed fiscal year) related to the distinct part unit by the hospital's total Medicaid charges per diem for all paid claims from the same time period, and multiply the result by the hospital's total Medicaid alternate payment rate. For rehabilitation care, the resulting figure shall be used as the hospital's distinct part unit's payment rate. A hospital distinct part unit's per diem shall be the lessor of the hospital's

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Section 148.270(b) (continued)

calculated per diem rate, or the mean distinct part unit rate, plus three standard deviations. For psychiatric care, the lower of the resulting figure or the hospital's Medicaid alternate payment rate shall be used as the hospital's distinct part unit's payment rate. In the case of a new distinct part unit for which the Department has insufficient paid claims history data available, the Department shall utilize the average payment rate calculated under this subsection (b) for like distinct part units.

c) In the case of a new hospital (not previously owned or operated), a hospital that has significantly changed its case-mix profile (e.g. a general acute care hospital changing its case-mix to reflect a predominance of long term care patients), or an out-of-state non cost-reporting hospital, reimbursement for inpatient services shall be as follows:

1) For general acute-care hospitals, reimbursement for inpatient services shall be in the aggregate at the average net payment rate calculated under subsection (a) above for those hospitals reimbursed under 89 Ill. Adm. Code ~~Part~~ 149.

2) For psychiatric hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(1), reimbursement for inpatient psychiatric services shall be at the average rate calculated under Section ~~89 Ill. Adm. Code 148.250 through~~ 148.260 for those hospitals defined in 89 Ill. Adm. Code 149.50(c)(1).

3) For rehabilitation hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(2), reimbursement for inpatient rehabilitation services shall be at the average rate calculated under Section ~~89 Ill. Adm. Code 148.250 through~~ 148.260 for those hospitals defined in 89 Ill. Adm. Code 149.50(c)(2).

4) For long term care hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(4), reimbursement for inpatient services shall be at the average rate calculated under Section ~~89 Ill. Adm. Code 148.250 through~~ 148.260 for those hospitals defined in 89 Ill. Adm. Code 149.50(c)(4).

5) For children's hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(3), reimbursement for inpatient services shall be at the average rate calculated under subsection (a) above for those hospitals defined in 89 Ill. Adm. Code 149.50(c)(3).

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

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Section 148.280 Reimbursement Methodologies for Children's Hospitals and
EMERGENCY Hospitals Reimbursed Under Special Arrangements

a) Children's Hospitals

1) Initial Rate Period

A)~~1)~~ For purposes of reimbursement, all children's hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(3), are grouped into one peer group.

B)~~2)~~ Each hospital's costs for the base period shall be derived from audited cost reports (see 42 CFR 447.260 and 447.265 (1982)) for hospital ~~hospitals'~~ fiscal years ending during calendar year 1989 ~~between 19 and 30 months prior to the fiscal year for which the rates are being set (i.e., Calendar Year 1989 for Fiscal Year 1992, etc.)~~.

C) In the event that an audited cost report is not available at the time rates are calculated, the unaudited report for the applicable period shall be used for the calculation of interim rates. Upon completion of the audit, the rates shall be recalculated. Payments made under the interim rate shall be reconciled.

D)~~3)~~ These base period ~~year~~ costs shall be updated, trended forward, from the midpoint of each hospital's base period ~~year (i.e., 1989)~~ to the midpoint of the rate period ~~year (i.e., 1992)~~ for which rates are being set according to the methodology of the national total hospital market basket price proxies, (DRI).

E)~~4)~~ The children's hospitals' base period ~~FY'92~~ trended rates shall be used as the basis for calculating the group's median trended rate. Each individual hospital's trended rate is then compared to the group's median trended rate. Hospitals whose individual trended rates are higher than the median rates shall receive as a final inpatient payment rate their trended rate minus half the difference between their trended rate and the group's median trended rate. Hospitals whose trended rates are lower than the group's median trended rate shall receive as its final inpatient payment rate their individual trended rate plus half the difference between their trended rate and the group's median trended rate.

2) Subsequent Rate Periods

Section 148.280(a)(2) (continued)

For the rate period beginning on October 1, 1992, the initial rate, as correct for by result of completed cost report audits, shall be updated from the midpoint of the base cost reporting period to the midpoint of the rate period using the national hospital market basket price proxies (DRI).

b) Hospitals Reimbursed Under Special Arrangements

~~During the transition period of the DRG PPS implementation, hospitals~~ Hospitals that, on August 31, 1991, had a contract with the Department under the ICARE Program, pursuant to Section 3-4 of the Illinois Health Finance Reform Act, may elect to continue to be reimbursed at rates stated in such contracts for general and specialty care for services provided on or after September 1, 1991, subject to the limitations described in Sections 148.40(e) through 148.40(g).

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.290 Adjustments and Reductions to Total Payments
EMERGENCY

a) Applicable Adjustments for DSH ~~Disproportionate Share~~ and Uncompensated Care

The criteria and methodology for making applicable DSH ~~disproportionate share~~ and uncompensated care adjustments to hospitals which are exempt from the DRG PPS (see 89 Ill. Adm. Code ~~Part~~ 149) shall be in accordance with ~~89 Ill. Adm. Code~~ Sections 148.120 or, if applicable, 148.150.

b) Outlier Adjustments

Outlier adjustments to payment amounts for medically necessary inpatient hospital services involving exceptionally high costs for certain individuals shall be made in accordance with Section ~~89 Ill. Adm. Code~~ 148.130 for hospitals that are exempt from the DRG PPS (see 89 Ill. Adm. Code ~~Part~~ 149).

c) Trauma Center Adjustments. For inpatient admissions occurring on or after October 1, 1992, the Department shall make trauma center adjustments to hospitals recognized, as of the first day of July preceding the rate period, as Level I or Level II trauma centers by

Section 148.290(c) (continued)

the Illinois Department of Public Health, or, if applicable, by the licensing agency in the State in which the hospital is located, in accordance with the provisions of subsections (c)(1) through (c)(5) below.

1) Level I Trauma Center Adjustment (TCA). Hospitals that, on the first day of July preceding the rate period, meet the following criteria shall receive an adjustment of $19,200.00 per Medicaid trauma admission in the TCA base period:

A) The hospital is reimbursed under Sections 148.250 through 148.300 or 89 Ill. Adm. Code 149; and

B) The hospital is recognized as a Level I trauma center by the Illinois Department of Public Health, or by the licensing agency in the State in which the hospital is located if the hospital is located within 50 miles of an Illinois border.

2) Level II Rural Trauma Center Adjustment (TCA). Illinois rural hospitals that, on the first day of July preceding the rate period, are recognized as Level II trauma centers by the Illinois Department of Public Health shall receive an adjustment of $9,400.00 per Medicaid trauma admission in the TCA base period.

3) Level II Urban Trauma Center Adjustment (TCA). Illinois urban hospitals that, on the first day of July preceding the rate period, that are recognized as Level II trauma centers by the Illinois Department of Public Health shall receive an adjustment of $9,400.00 per Medicaid trauma admission in the TCA base period, provided that such hospital meets the criteria described in subsections (c)(3)(B) or (c)(3)(C) below:

A) The trauma percentage shall be calculated for each hospital described in subsection (c)(3) above. The trauma percentage shall be calculated by dividing each such hospital's Medicaid trauma admissions by the total Medicaid trauma admissions for such hospitals.

B) Each hospital described in subsection (c)(3) that meets the following additional criteria shall be eligible for the adjustment described in subsection (c)(3) above:

i) The hospital is located in a county with no Level I trauma center;

Section 148.290(c)(3)(B) (continued)

ii) The hospital has a trauma percentage at or above the mean of the individual facility values determined in subsection (c)(3)(A) above; and

iii) The hospital is located in a Health Manpower Shortage Area (HMSA) (42 CFR 5, 1989), as of the first day of July preceding the rate year.

C) Each hospital described in subsection (c)(3) that meets the following additional criteria shall be eligible for the adjustment described in subsection (c)(3) above:

i) The hospital is located in a county with no Level I trauma center; and

ii) The hospital has a trauma percentage that is at least the mean plus one standard deviation of the individual facility values determined in subsection (c)(3)(A) above.

4) County Trauma Center Adjustment (TCA). Illinois hospitals that, on the first day of July preceding the rate period, are recognized as Level I or Level II trauma centers by the Illinois Department of Public Health, shall receive an adjustment that shall be calculated as follows:

A) The available funds from the Trauma Center Fund for each quarter shall be divided by each eligible hospital's (as defined in subsection (c)(4) above) Medicaid trauma admissions in the same quarter of the TCA base period to determine the adjustment for the TCA base period.

B) The county trauma center adjustment payments shall not be treated as payments for hospital services under Title XIX of the Social Security Act for purposes of the calculation of the intergovernmental transfer provided for in Section 15-3(a) of the Public Aid Code.

5) Each eligible hospital's trauma center adjustment for the TCA rate period shall equal the sum of the amounts described in subsections (c)(1), (c)(2), (c)(3), and (c)(4)(A). The trauma center adjustments shall be paid to eligible hospitals on a quarterly basis.

6) Trauma Center Adjustment Limitations. Hospitals that qualify

Section 148.290(c)(6) (continued)

for trauma center adjustments under this subsection shall not be eligible for the total trauma center adjustment if, during the TCA rate period, the hospital is no longer recognized by the Illinois Department of Public Health as a Level I trauma center as required for the adjustment described in subsection (c)(1) above, a Level II trauma center as required for the adjustment described in subsection (c)(2) or (c)(3) above, or as a Level I or a Level II trauma center as required for the adjustment described in subsection (c)(4) above. In these instances, the adjustments calculated under this subsection shall be pro-rated, as applicable, based upon the date that such recognition ceased.

7) Trauma Center Adjustment Definitions. The definitions of terms used with reference to calculation of the trauma center adjustments required by subsection (c) are as follows:

A) "Available funds" means that 97.5 percent of the funds available for distribution to the Department by the State Treasurer which have been deposited into the Trauma Center Fund.

B) "TCA base period" means State Fiscal Year 1991, for TCA payments calculated for the October 1, 1992 TCA rate period, State Fiscal Year 1992 for TCA payments calculated for the October 1, 1993, TCA rate period, etc.

C) "TCA rate period" means, beginning October 1, 1992, the 12 month period beginning on October 1 of the year and ending September 30 of the following year.

D) "Trauma admission" means those claims billed as admissions, which were subsequently paid by the Department and contained within the Department's paid claims data base, with an ICD-9-CM principal diagnosis code of: 800.0 through 800.99, 801.0 through 801.99, 802.0 through 802.99, 803.0 through 803.99, 804.0 through 804.99, 805.0 through 805.98, 806.0 through 806.99, 807.0 through 807.69, 808.0 through 808.9, 809.0 through 809.1, 828.0 through 828.1, 839.0 through 839.3, 839.7 through 839.9, 850.0 through 850.9, 851.0 through 851.99, 852.0 through 852.59, 853.0 through 853.19, 854.0 through 854.19, 860.0 through 860.5, 861.0 through 861.32, 862.8, 863.0 through 863.99, 864.0 through 864.19, 865.0 through 865.19, 866.0 through 866.13, 867.0 through 867.9, 868.0 through 868.19, 869.0 through 869.1, 887.0 through 887.7, 896.0 through 896.3, 897.0

Section 148.290(c)(6)(D) (continued)

through 897.7, 900.0 through 900.9, 902.0 through 904.9, 925, 926.8, 929.0 through 929.99, 958.4, 958.5, 990 through 994.99. For those hospitals recognized as Level I trauma centers solely for pediatric trauma cases, trauma admissions are only calculated for the claims billed as admissions, which were subsequently paid by the Department, with ICD-9-CM diagnoses within the above ranges for children under the age of 18.

E) "Trauma Center Fund" means the fund created for the purpose of distributing a portion of monies received by county circuit clerks for certain violations of laws or ordinances regulating the movement of traffic to Level I and Level II trauma centers located in the State of Illinois. The Trauma Center Fund shall also consist of all federal matching funds received by the Department as a result of expenditures made by the Department as required by this subsection (c).

d) Rehabilitation Hospital Adjustment (RHA).

Illinois hospitals that, on the first day of July preceding the RHA rate period, qualify as rehabilitation hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(2), shall receive a rehabilitation hospital adjustment in the RHA rate period as follows:

1) Eligible hospitals, as defined in subsection (d) above, shall receive a rehabilitation hospital adjustment that consists of the following two components:

A) Treatment Component. All hospitals defined in subsection (d) above shall receive $3,800.00 per Medicaid Level I admission in the RHA base period.

B) Facility Component. All hospitals defined in subsection (d) above shall receive a facility component that shall be based upon the number of Medicaid Level I admissions in the RHA base period as follows:

i) Hospitals with fewer than 100 Medicaid Level I admissions in the RHA base period shall receive a facility component of $100,000.00 in the RHA rate period.

ii) Hospitals with 100 or more Medicaid Level I admissions

Section 148.290(d)(1)(B)(ii) (continued)

in the RHA base period shall receive a facility component of $400,000.00 in the RHA rate period.

2) Each eligible hospital's rehabilitation hospital adjustment for the RHA rate period shall equal the sum of the amounts described in subsections (d)(1)(A) and (d)(1)(B) above. The rehabilitation hospital adjustments shall be paid to eligible hospitals on a quarterly basis.

3) Rehabilitation Hospital Adjustment Definitions. The definitions of terms used with reference to calculation of the rehabilitation hospital adjustments required by subsection (d) are as follows:

A) "Level I admissions" means those claims billed as Level I admissions, which were subsequently paid by the Department and contained within the Department's paid claims data base, with an occurrence code of 63 when applicable and an ICD-9-CM principal diagnosis code of: 054.3, 310.1 through 310.2, 320.1, 336.0 through 336.9, 344.0 through 344.2, 344.8 through 344.9, 348.1, 801.30, 803.10, 803.84, 806.0 through 806.19, 806.20 through 806.24, 806.26, 806.29 through 806.34, 806.36, 806.4 through 806.5, 851.06, 851.80, 853.05, 854.0 through 854.04, 854.06, 854.1 through 854.14, 854.16, 854.19, 905.0, 907.0, 907.2, 952.0 through 952.09, 952.10 through 952.16, 952.2, and V57.0 through V57.89.

B) "RHA base period" means State Fiscal Year 1991, for RHA payments calculated for the October 1, 1992 RHA rate period, State Fiscal Year 1992 for RHA payments calculated for the October 1, 1993, RHA rate period, etc.

C) "RHA rate period" means, beginning October 1, 1992, the 12 month period beginning on October 1 of the year and ending September 30 of the following year.

e)~~e)~~ Reductions to Total Payments

1) Copayments. Copayments are assessed under all medical programs administered by the Department except the General Assistance medical program and shall be assessed in accordance with 89 Ill. Adm. Code 148.190.

2) Third Party Payments. Hospitals shall determine that services

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Section 148.290(e)(2) (continued)

are not covered, in whole or in part, under any program or under any other private group indemnification or insurance program, health maintenance organization, workers compensation or the tort liability of any third party. To the extent that such coverage is available, the Department's payment obligation shall be reduced.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.310 Review Procedure
EMERGENCY

a) Inpatient Rate Reviews

1) Hospitals shall be notified of their inpatient rate for the rate year and shall have an opportunity to request a review of the rate for errors in calculation. Such a request must be received in writing by the Department within 30 days of the date of the Department's notice to the hospital of their rates. The Department shall notify the hospital of the results of the review within 30 days of receipt of the hospital's request for review.

2) Hospitals reimbursed in accordance with Sections 148.250 ~~89 Ill. Adm. Code 148.240~~ through 148.300 and 89 Ill. Adm. Code 149 with respect to per diem add-ons for capital, medical education and CRNA costs, may request that an adjustment be made to their base year costs to reflect significant changes in costs which have been mandated in order to meet State, federal or local health and safety standards, and which have occurred since the hospital's filing of the base year cost report. The allowable Medicare/Medicaid costs must be identified from the most recent audited cost report available. These costs must be significant, i.e., on a per unit basis, they must constitute one percent or more of the total allowable Medicaid/Medicare unit costs for the same time period. Appeals for base year cost adjustments must be received, in writing, by the Department within 30 days of the date of the Department's notice to the hospital of their rates. Such request shall include a clear explanation of the cost change and documentation of the desired correction. The Department shall notify the hospital of the results of the review within 30 days of receipt of the hospital's request for review.

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Section 148.310(a) (continued)

~~3) Allowable costs are adjusted to account for inflation from the midpoint of the cost reporting year to the midpoint of the base year according to the index and methodology of the total hospital national market basket price proxies, (DRI), and added to the base year costs.~~

b) DSH ~~Disproportionate Share~~ Determination Reviews

1) Hospitals shall be notified of their qualification for DSH ~~disproportionate share~~ payment adjustments and shall have an opportunity to request a review of the DSH ~~disproportionate share~~ add-on for errors in calculation. Such a request must be received in writing by the Department within 30 days of the date of the Department's notice to the hospital of its disproportionate share qualification and add-on calculations. Such request shall include a clear explanation of the error and documentation of the desired correction. The Department shall notify the hospital of the results of the review within 30 days of receipt of the hospital's request for review.

2) DSH ~~Disproportionate share~~ determination reviews shall be limited to the following:

A) DSH ~~Disproportionate Share~~ Determination Criteria. The criteria for DSH ~~disproportionate share~~ determination shall be in accordance with Section ~~1923 of the Social Security Act, Public Act 86-268 and 89 Ill. Adm. Code~~ 148.120. Review shall be limited to verification that the Department utilized criteria in accordance with ~~federal and~~ State regulations.

B) Medicaid Inpatient Utilization Rates. Medicaid inpatient utilization rates shall be calculated pursuant to Section 1923 of the Social Security Act~~, Public Act 86-268~~ and Section ~~89 Ill. Adm. Code~~ 148.120(a)(1). Review shall be limited to verification that Medicaid inpatient utilization rates were calculated in accordance with federal and State regulations.

C) Low Income Utilization Rates. Low Income utilization rates shall be calculated in accordance with Section 1923 of the Social Security Act and Section ~~89 Ill. Adm. Code~~ 148.120(a)(2) and (d). Review shall be limited to verification that low income utilization rates were calculated in accordance with federal and State regulations.

Section 148.310(b)(2) (continued)

D) Federally Designated Health Manpower Shortage Areas (HMSA's). Illinois hospitals located in federally designated HMSA's shall be identified in accordance with 42 CFR 5, 1989, ~~Public Act 86-268~~ and Section ~~89 Ill. Adm. Code~~ 148.120(a)(3) based upon the methodologies utilized by, and the most current information available to, the Department of Health and Human Services as of July 1, 1991 ~~June 30th of the fiscal year prior to the disproportionate share determination~~. For the period July 1, 1992, through September 30, 1992, Illinois hospitals located in federally designated HMSA's shall be identified in accordance with 42 CFR 5, 1989, and Section 148.120(a) and 148.120(a)(3) based upon the methodologies utilized by, and the most current information available to, the Department of Health and Human Services as of June 30, 1992. Review shall be limited to hospitals in locations that have failed to obtain designation as federally designated HMSA's only when such a request for review is accompanied by documentation from the Department of Health and Human Services substantiating that the hospital was located in a federally designated HMSA as of ~~June 30th of the fiscal year prior to the disproportionate share determination~~July 1, 1991, or if applicable, as of June 30, 1992. The provisions of this subsection shall no longer apply effective on or after October 1, 1993.

E) Excess Beds. Excess bed information shall be determined in accordance with Public Act 86-268 (~~89 Ill. Admin. Code, Section~~ 148.120(a)(3) and 77 Ill. Adm. ~~Admin. Code, Section~~ 1100) based upon the methodologies utilized by, and the most current information available to, the Illinois Health Facilities Planning Board as of ~~June 30th of the fiscal year prior to the disproportionate share determination~~ July 1, 1991. Reviews shall be limited to requests accompanied by documentation from the Illinois Health Facilities Planning Board substantiating that the information supplied to and utilized by the Department was incorrect. The provisions of this subsection shall no longer apply effective on or after October 1, 1993.

F) Medicaid Obstetrical Inpatient Utilization Rates. Medicaid obstetrical inpatient utilization rates shall be calculated in accordance with Section 148.120(a)(4), (n)(9), (n)(10) and (n)(15). Review shall be limited to verification that Medicaid obstetrical inpatient utilization rates were calculated in accordance with State regulations.

Section 148.310(b)(2) (continued)

G) TAP Adjustments.

i) Medicaid Percentage. Medicaid inpatient utilization rates shall be calculated in accordance with Section 148.120(a)(1) and (j)(2). Review shall be limited to verification that Medicaid inpatient utilization rates were calculated in accordance with State regulations.

ii) Medicaid Obstetrical Admission Percentage. Medicaid obstetrical admission percentage shall be calculated in accordance with Section 148.120(j)(3) and (n)(11). Review shall be limited to verification that Medicaid obstetrical admission percentages were calculated in accordance with State regulations.

iii) Medicaid Children's Admission Percentage. Medicaid children's admission percentage shall be calculated in accordance with Section 148.120(j)(4), (n)(3) and (n)16). Review shall be limited to verification that Medicaid children's admission percentages were calculated in accordance with State regulations.

H)~~F)~~ CCA Payment Adjustments. ~~Occupancy Ratios.--Occupancy rates shall be determined in accordance with Public Act 86-268 and 89 Ill. Adm. Code 148.120(m)(6) and (7) based upon the methodologies utilized by, and the most current information available to, the Illinois Department of Public Health as of June 30th of the fiscal year prior to the disproportionate share determination.--Reviews shall be limited to requests accompanied by documentation from the Illinois Department of Public Health substantiating that the information supplied to and utilized by the Department was incorrect.~~

i) Medicaid Perinatal Percentage. Medicaid perinatal percentage shall be calculated in accordance with Section 148.120(6)(A), (n)(12) and (n)(16). Review shall be limited to verification that perinatal percentages were calculated in accordance with State regulations.

ii) Medicaid Obstetrical Percentage. Medicaid obstetrical percentage shall be calculated in accordance with Section 148.120(a)(6)(B), (n)(11) and (n)(16). Review shall be limited to verification that obstetrical

Section 148.310(b)(2)(H)(ii) (continued)

percentages were calculated in accordance with State regulations.

~~G) Medicare Inpatient Utilization Percentages. Medicare inpatient utilization percentages shall be calculated in accordance with Public Act 86-268 and 89 Ill. Adm. Code 148.120(m)(3) through (5) based upon the hospital's cost report for the hospital's base fiscal year (i.e., Calendar Year 1986 for Fiscal Year 1989 payments, Calendar Year 1987 for Fiscal Year 1990, etc.). Reviews shall be limited to requests accompanied by documentation from the Medicare intermediary substantiating that the information supplied to and utilized by the Department was incorrect.~~

c) Outlier Adjustment Reviews. The Department shall make outlier adjustments to payment amounts in accordance with 89 Ill. Adm. Code 149.105 or Section 148.130, whichever is applicable. Hospitals shall be notified of the specific information which shall be utilized in the determination of those services qualified for an outlier adjustment and shall have an opportunity to request a review of such specific information for errors in calculation only. Such a request must be received in writing by the Department within 30 days of the date of the Department's notice to the hospital of the specific information which shall be utilized in the determination of those services qualified for an outlier adjustment. Such request shall include a clear explanation of the error and documentation of the desired correction. The Department shall notify the hospital of the results of the review within 30 days of receipt of the hospital's request for review.

d) Cost Report Reviews. Cost reports are required from: 1) all enrolled hospitals within the State of Illinois; ~~and~~ 2) all out-of-state hospitals ~~anticipating or~~ providing 100 ~~200~~ inpatient days of service per hospital fiscal year, to persons covered by the Illinois Medical Assistance Program; and 3) all hospitals not located in Illinois that elect to be reimbursed under the methodology described in 89 Ill. Adm. Code 149 (the DRG PPS). The completed cost statement with a copy of the hospital's Medicare cost report and audited financial statement must be submitted annually within 90 days of the close of the hospital's fiscal year. A one-time 30-day extension may be requested. Such a request for an extension shall be in writing and shall be received by the Department's Office of Health Finance prior to the end of the 90-day filing period. The Office of Health Finance shall audit the information shown on the Hospital

Section 148.310(d) (continued)

Statement of Reimbursable Cost and Support Schedules. The audit shall be made in accordance with generally accepted auditing standards and shall include tests of the accounting and statistical records and applicable auditing procedures. Hospitals shall be notified of the results of the final audited cost report which may contain adjustments and revisions which may have resulted from the audited Medicare Cost Report. Hospitals shall have the opportunity to request a review of the final audited cost report. Such a request must be received in writing by the Department within 45 days of the date of the Department's notice to the hospital of the results of the finalized audit. Such request shall include all items of documentation and analysis which support the request for review. No additional data shall be accepted after the 45 day period. The Department shall notify the hospital of the results of the review within 30 days of receipt of the hospital's request for review.

e) Uncompensated Care Adjustment Reviews. The Department shall make uncompensated care adjustments in accordance with Section 148.120(1), or Section 148.150, if applicable. Hospitals shall have the right to appeal the uncompensated care rate calculation or their ineligibility for the uncompensated care rate adjustment if it is believed that a technical error has been made in the calculation. The appeal must be in writing and must be received within 30 days of receipt of the first payment of the uncompensated care payment adjustment, or a letter of notification that the hospital does not qualify for the uncompensated care payment adjustment. The Department shall notify the hospital of the results of the review within 30 days of receipt of the hospital's request for review.

f) Trauma Center Adjustment Reviews. The Department shall make trauma care adjustments in accordance with Section 148.290(c). Hospitals shall have the right to appeal the trauma center adjustment calculations if it is believed that a technical error has been made in the calculation. The appeal must be in writing and must be received within 30 days of receipt of the first payment of the trauma center adjustment. The Department shall notify the hospital of the results of the review within 30 days of receipt of the hospital's request for review.

g) Rehabilitation Hospital Adjustment Reviews. The Department shall make rehabilitation hospital adjustments in accordance with Section 148.290(d). Hospitals shall have the right to appeal the rehabilitation hospital adjustment calculations if it is believed that a technical error has been made in the calculation. The appeal

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Section 148.310(g) (continued)

must be in writing and must be received within 30 days of receipt of the first payment of the rehabilitation hospital adjustment. The Department shall notify the hospital of the results of the review within 30 days of receipt of the hospital's request for review.

h) Sole Community Hospital Designation Reviews. The Department shall make sole community hospital designations in accordance with 89 Ill. Adm. Code 149.125(b). Hospitals shall have the right to appeal the designation if it believes that a technical error has been made in the determination. The appeal must be made in writing no later than 30 days after notification of the designation. The Department shall notify the hospital of the results of the review no later than 30 days after receipt of the hospital's request for review.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

Section 148.320 Alternatives
EMERGENCY

a) The provisions of Sections 148.250 ~~148.240~~ through 148.310 of this Part ~~rule~~ shall be in effect during the fiscal year for so long as the Director of the Department finds that:

1) The total number of hospitals agreeing to be reimbursed pursuant to the provisions of this Part ~~rule~~ is sufficient to assure that medical assistance recipients have reasonable access to hospital services. In making this determination, factors considered by the Department include but are not limited to service availability and the number of recipients within a geographic area, recipient travel time to obtain services, and availability of a range of services within the geographic area.

2) The provisions are approved by the Department of Health and Human Services in the State Title XIX Plan.

3) The Department has not been enjoined, restrained of otherwise delayed or prohibited by Court order or actions of entities other than the Department from enforcing the provisions.

b) If any of the conditions specified above fail to occur, alternative service coverage and reimbursement limitations shall be implemented to assure that payments for hospital services during a fiscal year

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Section 148.320(b) (continued)

will be approximately the same as would have been made under this Part ~~rule~~.

(Source: Emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days)

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1) Heading of the Part: Use Tax

2) Code Citation: 86 Ill. Adm. Code 150

3) Section Numbers: Emergency Action:

150.Table A Amendment

4) Statutory Authority: Ill. Rev. Stat. 1991, ch. 120, par. 439.12

5) Effective Date of Amendments: September 9, 1992

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: Not applicable.

7) Date filed in Agency's Principal Office: September 9, 1992

8) Reason for Emergency: Under the authority of Ill. Rev. Stat, 1991, ch. 34, par. 5-1006, Cook County enacted an ordinance providing for a 3/4% increase in the Cook County Home Rule County Retailers' Occupation Tax, effective September 1, 1992. In addition, Public Act 87-733 (Ill. Rev. Stat., 1991, ch. 85, par. 1233) authorizes local tax increases in specific Chicago metropolitan areas to provide funding for the McCormick Place Convention Center expansion project effective July 1, 1992.

Currently, 86 Ill. Adm. Code 150.Table A sets out sales tax collection brackets, intended for use by Illinois retailers, which range from 1/8% to 8% tax rates. Due to the increase in certain local and county taxes, combined with the State rate of 6.25%, municipal and transit taxes already in place, the cumulative tax rate in many areas will exceed 8%. In order to facilitate the collection of taxes, the duty with which the Department of Revenue is charged under Ill. Rev. Stat., 1991, ch. 127, par. 39b, it is imperative to have rules in effect immediately supplementing the current tax brackets with sales tax ranges from 8 1/4% to 12%. Without immediately effective rules, public interest and welfare will be threatened by jeopardizing the Department's ability to collect sales tax on behalf of the State of Illinois. Illinois retailers have come to depend upon sales tax collection bracket information in determining the appropriate amount of tax to collect from customers. Making the additional tax bracket information immediately available to Illinois retailers will enable them to accurately collect and remit sales tax to the Department at a time when every dollar projected as sales tax revenue is crucial to the State's operating budget.

9) A Complete Description of the Subjects and Issues Involved: This rulemaking amends the current rule which contains sales tax rate

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brackets ranging from 1/8% to 8% to include additional bracket information on 1/4% increments up to 12%.

10) Are there any proposed amendments to this part pending? Yes

Section Numbers	Proposed Action	IL Register Citation
150.901	Amendment	15 Ill. Reg. 18561

11) Statement of Statewide Policy Objectives: This rulemaking neither imposes a State mandate, nor modifies an existing mandate.

12) Information and questions regarding this amendment shall be directed to:

Stanley T. Cichowski
Manager
Illinois Department of Revenue
Legal Services Bureau
101 West Jefferson
Springfield, Illinois 62794
Phone: (217) 782-7054

The full text of the Emergency Amendment(s) begins on the next page:

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NOTICE OF EMERGENCY AMENDMENTS

TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUE

PART 150
USE TAX

SUBPART A: NATURE OF THE TAX

Section
150.101 Description of the Tax
150.105 Rate and Base of Tax
150.110 How To Compute Depreciation
150.115 How to Determine Effective Date
150.120 Effective Date of New Taxes
150.125 Relation of Use Tax to Retailers' Occupation Tax
150.130 Accounting for the Tax
150.135 How to Avoid Paying Tax on Use Tax Collected From the Purchaser

SUBPART B: DEFINITIONS

Section
150.201 General Definitions

SUBPART C: KINDS OF USES AND USERS NOT TAXED

Section
150.301 Cross References
150.305 Effect of Limitation that Purchase Must be at Retail From a Retailer to be Taxable
150.306 Interim Use and Demonstration Exemptions
150.310 Exemptions to Avoid Multi-State Taxation
150.315 Non-resident Exemptions
150.320 Meaning of "Acquired Outside This State"
150.325 Charitable, Religious, Educational and Senior Citizens Recreational Organizations as Buyers
150.330 Governmental Bodies as Buyers

SUBPART D: COLLECTION OF THE USE TAX FROM USERS BY RETAILERS

Section
150.401 Collection of the Tax by Retailers From Users
150.405 Tax Collection Brackets
150.410 Tax Collection Brackets for a 2-1/4% Rate of Tax (Repealed)
150.415 Tax Collection Brackets for a 2-1/2% Rate of Tax (Repealed)
150.420 Tax Collection Brackets for a 2-3/4% Rate of Tax (Repealed)
150.425 Tax Collection Brackets for a 3% Rate of Tax (Repealed)
150.430 Tax Collection Brackets for a 3-1/8% Rate of Tax (Repealed)
150.435 Tax Collection Brackets for a 3-1/4% Rate of Tax (Repealed)
150.440 Tax Collection Brackets for a 3-1/2% Rate of Tax (Repealed)
150.445 Tax Collection Brackets for a 3-3/4% Rate of Tax (Repealed)

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150.450 Tax Collection Brackets for a 4% Rate of Tax (Repealed)
150.455 Tax Collection Brackets for a 4-1/8% Rate of Tax (Repealed)
150.460 Tax Collection Brackets for a 4-1/4% Rate of Tax (Repealed)
150.465 Tax Collection Brackets for a 4-1/2% Rate of Tax (Repealed)
150.470 Tax Collection Brackets for a 4-3/4% Rate of Tax (Repealed)
150.475 Tax Collection Brackets for a 5% Rate of Tax (Repealed)
150.480 Tax Collection Brackets for a 5-1/8% Rate of Tax (Repealed)
150.485 Tax Collection Brackets for a 5-1/4% Rate of Tax (Repealed)
150.490 Tax Collection Brackets for a 5-1/2% Rate of Tax (Repealed)
150.495 Tax Collection Brackets for a 5-3/4% Rate of Tax (Repealed)
150.500 Tax Collection Brackets for a 6% Rate of Tax (Repealed)
150.505 Optional 1% Schedule (Repealed)
150.510 Exact Collection of Tax Required When Practicable
150.515 Prohibition Against Retailer's Representing That He Will Absorb The Tax
150.520 Display of Tax Collection Schedule
150.525 Methods for Calculating Tax on Sales of Items Subject to Differing Tax Rates

SUBPART E: RECEIPT FOR THE TAX

Section
150.601 Requirements

SUBPART F: SPECIAL INFORMATION FOR TAXABLE USERS

Section
150.701 When and Where to File a Return
150.705 Use Tax on Items that are Titled or Registered in Illinois
150.710 Procedure in Claiming Exemption from Use Tax
150.715 Receipt for Tax or Proof of Exemption Must Accompany Application for Title or Registration
150.716 Display Certificates for House Trailers
150.720 Issuance of Title or Registration Where Retailer Fails or Refuses to Remit Tax Collected by Retailer from User
150.725 Direct Payment of Tax by User to Department on Intrastate Purchase Under Certain Circumstances
150.730 Direct Reporting of Use Tax to Department by Registered Retailers

SUBPART G: REGISTRATION OF OUT-OF-STATE RETAILERS

Section
150.801 When Out-of-State Retailers Must Register and Collect Use Tax
150.805 Voluntary Registration by Certain Out-of-State Retailers
150.810 Incorporation by Reference

SUBPART H: RETAILERS' RETURNS

Section
150.901 When and Where to File
150.905 Deduction for Collecting Tax
150.910 Incorporation by Reference

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150.915 Itemization of Receipts from Sales and the Tax Among the Different States from Which Sales are Made into Illinois

SUBPART I: PENALTIES, INTEREST AND PROCEDURES

Section
150.1001 General Information

SUBPART J: TRADED-IN PROPERTY

Section
150.1101 General Information

SUBPART K: INCORPORATION OF ILLINOIS RETAILERS' OCCUPATION TAX REGULATIONS BY REFERENCE

Section
150.1201 General Information

SUBPART L: BOOKS AND RECORDS

Section
150.1301 Users' Records
150.1305 Retailers' Records
150.1310 Use of Signs to Prove Collection of Tax as a Separate Item
150.1315 Consequence of Not Complying with Requirement of Collecting Use Tax Separately From the Selling Price
150.1320 Incorporation by Reference

SUBPART M: CLAIMS TO RECOVER ERRONEOUSLY PAID TAX

Section
150.1401 Claims for Credit--Limitations--Procedure
150.1405 Disposition of Credit Memoranda by Holders Thereof
150.1410 Refunds
150.1415 Interest

TABLE A Tax Collection Brackets
(EMERGENCY)

AUTHORITY: Implementing the Use Tax Act (Ill. Rev. Stat. 1989, ch. 120, pars. 439.1 et seq.) and authorized by Section 39b28 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1989, ch. 127, par. 39b28).

SOURCE: Adopted August 1, 1955; amended at 4 Ill. Reg. 24, p. 553, effective June 1, 1980, amended at 5 Ill. Reg. 5351, effective April 30, 1981; amended at 5 Ill. Reg. 11072, effective October 6, 1981; codified at 6 Ill. Reg. 9326; amended at 8 Ill. Reg. 3704, effective March 12, 1984; amended at 8 Ill. Reg. 7278, effective May 11, 1984; amended at 8 Ill. Reg. 8623, effective June 5, 1984; amended at 11 Ill. Reg. 6275, effective March 20, 1987; amended at 14 Ill. Reg. 6835, effective April 19, 1990; amended at 15 Ill. Reg. 5861, effective

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April 5, 1991; emergency amendment at 16 Ill. Reg. 14889, effective September 9, 1992, for a maximum of 150 days.

Section 150.TABLE A Tax Collection Brackets
(EMERGENCY)

1/8% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 3.99	0.00
4.00 TO 11.99	0.01

1/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 1.99	0.00
2.00 TO 5.99	0.01
6.00 TO 9.99	0.02

1/2% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.99	0.00
1.00 TO 2.99	0.01
3.00 TO 4.99	0.02
5.00 TO 6.99	0.03
7.00 TO 8.99	0.04

3/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.66	0.00
0.67 TO 1.99	0.01
2.00 TO 3.33	0.02
3.34 TO 4.66	0.03
4.67 TO 5.99	0.04
6.00 TO 7.33	0.05
7.34 TO 8.66	0.06
8.67 TO 9.99	0.07

1% Tax Rate

IF TRANSACTION IS:	TAX IS:

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0.00 TO 0.49	0.00
0.50 TO 1.49	0.01
1.50 TO 2.49	0.02
2.50 TO 3.49	0.03
3.50 TO 4.49	0.04
4.50 TO 5.49	0.05
5.50 TO 6.49	0.06
6.50 TO 7.49	0.07
7.50 TO 8.49	0.08
8.50 TO 9.49	0.09

1 1/8% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.44	0.00
0.45 TO 1.33	0.01
1.34 TO 2.22	0.02
2.23 TO 3.11	0.03
3.12 TO 3.99	0.04
4.00 TO 4.88	0.05
4.89 TO 5.77	0.06
5.78 TO 6.66	0.07
6.67 TO 7.55	0.08
7.56 TO 8.44	0.09
8.45 TO 9.33	0.10

1 1/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.39	0.00
0.40 TO 1.19	0.01
1.20 TO 1.99	0.02
2.00 TO 2.79	0.03
2.80 TO 3.59	0.04
3.60 TO 4.39	0.05
4.40 TO 5.19	0.06
5.20 TO 5.99	0.07
6.00 TO 6.79	0.08
6.80 TO 7.59	0.09
7.60 TO 8.39	0.10
8.40 TO 9.19	0.11
9.20 TO 9.99	0.12

1 1/2% Tax Rate

IF TRANSACTION IS:	TAX IS:

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0.00 TO 0.33	0.00
0.34 TO 0.99	0.01
1.00 TO 1.66	0.02
1.67 TO 2.33	0.03
2.34 TO 2.99	0.04
3.00 TO 3.66	0.05
3.67 TO 4.33	0.06
4.34 TO 4.99	0.07
5.00 TO 5.66	0.08
5.67 TO 6.33	0.09
6.34 TO 6.99	0.10
7.00 TO 7.66	0.11
7.67 TO 8.33	0.12
8.34 TO 8.99	0.13
9.00 TO 9.66	0.14

1 3/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.28	0.00
0.29 TO 0.85	0.01
0.86 TO 1.42	0.02
1.43 TO 1.99	0.03
2.00 TO 2.57	0.04
2.58 TO 3.14	0.05
3.15 TO 3.71	0.06
3.72 TO 4.28	0.07
4.29 TO 4.85	0.08
4.86 TO 5.42	0.09
5.43 TO 5.99	0.10
6.00 TO 6.57	0.11
6.58 TO 7.14	0.12
7.15 TO 7.71	0.13
7.72 TO 8.28	0.14
8.29 TO 8.85	0.15
8.86 TO 9.42	0.16
9.43 TO 9.99	0.17

2% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.24	0.00
0.25 TO 0.74	0.01
0.75 TO 1.24	0.02
1.25 TO 1.74	0.03

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1.75 TO 2.24	0.04
2.25 TO 2.74	0.05
2.75 TO 3.24	0.06
3.25 TO 3.74	0.07
3.75 TO 4.24	0.08
4.25 TO 4.74	0.09
4.75 TO 5.24	0.10
5.25 TO 5.74	0.11
7.75 TO 6.24	0.12
6.25 TO 6.74	0.13
6.75 TO 7.24	0.14
7.25 TO 7.74	0.15
7.75 TO 8.24	0.16
8.25 TO 8.74	0.17
8.75 TO 9.24	0.18
9.25 TO 9.74	0.19

2 1/8% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.23	0.00
0.24 TO 0.70	0.01
0.71 TO 1.17	0.02
1.18 TO 1.64	0.03
1.65 TO 2.11	0.04
2.12 TO 2.58	0.05
2.59 TO 3.05	0.06
3.06 TO 3.52	0.07
3.53 TO 3.99	0.08
4.00 TO 4.47	0.09
4.48 TO 4.94	0.10
4.95 TO 5.41	0.11
5.42 TO 5.88	0.12
5.89 TO 6.35	0.13
6.36 TO 6.82	0.14
6.83 TO 7.29	0.15
7.30 TO 7.76	0.16
7.77 TO 8.23	0.17
8.24 TO 8.70	0.18
8.71 TO 9.17	0.19
9.18 TO 9.64	0.20

2 1/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.22	0.00

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0.23 TO 0.66	0.01
0.67 TO 1.11	0.02
1.12 TO 1.55	0.03
1.56 TO 1.99	0.04
2.00 TO 2.44	0.05
2.45 TO 2.88	0.06
2.89 TO 3.33	0.07
3.34 TO 3.77	0.08
3.78 TO 4.22	0.09
4.23 TO 4.66	0.10
4.67 TO 5.11	0.11
5.12 TO 5.55	0.12
5.56 TO 5.99	0.13
6.00 TO 6.44	0.14
6.45 TO 6.88	0.15
6.89 TO 7.33	0.16
7.34 TO 7.77	0.17
7.78 TO 8.22	0.18
8.23 TO 8.66	0.19
8.67 TO 9.11	0.20
9.12 TO 9.55	0.21
9.56 TO 9.99	0.22

2 1/2% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.19	0.00
0.20 TO 0.59	0.01
0.60 TO 0.99	0.02
1.00 TO 1.39	0.03
1.40 TO 1.79	0.04
1.80 TO 2.19	0.05
2.20 TO 2.59	0.06
2.60 TO 2.99	0.07
3.00 TO 3.39	0.08
3.40 TO 3.79	0.09
3.80 TO 4.19	0.10
4.20 TO 4.59	0.11
4.60 TO 4.99	0.12
5.00 TO 5.39	0.13
5.40 TO 5.79	0.14
5.80 TO 6.19	0.15
6.20 TO 6.59	0.16
6.60 TO 6.99	0.17
7.00 TO 7.39	0.18
7.40 TO 7.79	0.19
7.80 TO 8.19	0.20

8.20 TO 8.59	0.21
8.60 TO 8.99	0.22
9.00 TO 9.39	0.23
9.40 TO 9.79	0.24

2 3/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.18	0.00
0.19 TO 0.54	0.01
0.55 TO 0.90	0.02
0.91 TO 1.27	0.03
1.28 TO 1.63	0.04
1.64 TO 1.99	0.05
2.00 TO 2.36	0.06
2.37 TO 2.72	0.07
2.73 TO 3.09	0.08
3.10 TO 3.45	0.09
3.46 TO 3.81	0.10
3.82 TO 4.18	0.11
4.19 TO 4.54	0.12
4.55 TO 4.90	0.13
4.91 TO 5.27	0.14
5.28 TO 5.63	0.15
5.64 TO 5.99	0.16
6.00 TO 6.36	0.17
6.37 TO 6.72	0.18
6.73 TO 7.09	0.19
7.10 TO 7.45	0.20
7.46 TO 7.81	0.21
7.82 TO 8.18	0.22
8.19 TO 8.54	0.23
8.55 TO 8.90	0.24
8.91 TO 9.27	0.25
9.28 TO 9.63	0.26
9.64 TO 9.99	0.27

3% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.16	0.00
0.17 TO 0.49	0.01
0.50 TO 0.83	0.02
0.84 TO 1.16	0.03
1.17 TO 1.49	0.04
1.50 TO 1.83	0.05

1.84 TO 2.16	0.06
2.17 TO 2.49	0.07
2.50 TO 2.83	0.08
2.84 TO 3.16	0.09
3.17 TO 3.49	0.10
3.50 TO 3.83	0.11
3.84 TO 4.16	0.12
4.17 TO 4.49	0.13
4.50 TO 4.83	0.14
4.84 TO 5.16	0.15
5.17 TO 5.49	0.16
5.50 TO 5.83	0.17
5.84 TO 6.16	0.18
6.17 TO 6.49	0.19
6.50 TO 6.83	0.20
6.84 TO 7.16	0.21
7.17 TO 7.49	0.22
7.50 TO 7.83	0.23
7.84 TO 8.16	0.24
8.17 TO 8.49	0.25
8.50 TO 8.83	0.26
8.84 TO 9.16	0.27
9.17 TO 9.49	0.28
9.50 TO 9.83	0.29

3 1/8% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.15	0.00
0.16 TO 0.47	0.01
0.48 TO 0.79	0.02
0.80 TO 1.11	0.03
1.12 TO 1.43	0.04
1.44 TO 1.75	0.05
1.76 TO 2.07	0.06
2.08 TO 2.39	0.07
2.40 TO 2.71	0.08
2.72 TO 3.03	0.09
3.04 TO 3.35	0.10
3.36 TO 3.67	0.11
3.68 TO 3.99	0.12
4.00 TO 4.31	0.13
4.32 TO 4.63	0.14
4.64 TO 4.95	0.15
4.96 TO 5.27	0.16
5.28 TO 5.59	0.17
5.60 TO 5.91	0.18

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5.92 TO 6.23	0.19
6.24 TO 6.55	0.20
6.56 TO 6.87	0.21
6.88 TO 7.19	0.22
7.20 TO 7.51	0.23
7.52 TO 7.83	0.24
7.84 TO 8.15	0.25
8.16 TO 8.47	0.26
8.48 TO 8.79	0.27
8.80 TO 9.11	0.28
9.12 TO 9.43	0.29
9.44 TO 9.75	0.30

3 1/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.15	0.00
0.16 TO 0.46	0.01
0.47 TO 0.76	0.02
0.77 TO 1.07	0.03
1.08 TO 1.38	0.04
1.39 TO 1.69	0.05
1.70 TO 1.99	0.06
2.00 TO 2.30	0.07
2.31 TO 2.61	0.08
2.62 TO 2.92	0.09
2.93 TO 3.23	0.10
3.24 TO 3.53	0.11
3.54 TO 3.84	0.12
3.85 TO 4.15	0.13
4.16 TO 4.46	0.14
4.47 TO 4.76	0.15
4.77 TO 5.07	0.16
5.08 TO 5.38	0.17
5.39 TO 5.69	0.18
5.70 TO 5.99	0.19
6.00 TO 6.30	0.20
6.31 TO 6.61	0.21
6.62 TO 6.92	0.22
6.93 TO 7.23	0.23
7.24 TO 7.53	0.24
7.54 TO 7.84	0.25
7.85 TO 8.15	0.26
8.16 TO 8.46	0.27
8.47 TO 8.76	0.28
8.77 TO 9.07	0.29
9.08 TO 9.38	0.30

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9.39 TO 9.69	0.31
9.70 TO 9.99	0.32

3 1/2% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.14	0.00
0.15 TO 0.42	0.01
0.43 TO 0.71	0.02
0.72 TO 0.99	0.03
1.00 TO 1.28	0.04
1.29 TO 1.57	0.05
1.58 TO 1.85	0.06
1.86 TO 2.14	0.07
2.15 TO 2.42	0.08
2.43 TO 2.71	0.09
2.72 TO 2.99	0.10
3.00 TO 3.28	0.11
3.29 TO 3.57	0.12
3.58 TO 3.85	0.13
3.86 TO 4.14	0.14
4.15 TO 4.42	0.15
4.43 TO 4.71	0.16
4.72 TO 4.99	0.17
5.00 TO 5.28	0.18
5.29 TO 5.57	0.19
5.58 TO 5.85	0.20
5.86 TO 6.14	0.21
6.15 TO 6.42	0.22
6.43 TO 6.71	0.23
6.72 TO 6.99	0.24
7.00 TO 7.28	0.25
7.29 TO 7.57	0.26
7.58 TO 7.85	0.27
7.86 TO 8.14	0.28
8.15 TO 8.42	0.29
8.43 TO 8.71	0.30
8.72 TO 8.99	0.31
9.00 TO 9.28	0.32
9.29 TO 9.57	0.33
9.58 TO 9.85	0.34

3 3/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.13	0.00

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0.14 TO 0.39	0.01
0.40 TO 0.66	0.02
0.67 TO 0.93	0.03
0.94 TO 1.19	0.04
1.20 TO 1.46	0.05
1.47 TO 1.73	0.06
1.74 TO 1.99	0.07
2.00 TO 2.26	0.08
2.27 TO 2.53	0.09
2.54 TO 2.79	0.10
2.80 TO 3.06	0.11
3.07 TO 3.33	0.12
3.34 TO 3.59	0.13
3.60 TO 3.86	0.14
3.87 TO 4.13	0.15
4.14 TO 4.39	0.16
4.40 TO 4.66	0.17
4.67 TO 4.93	0.18
4.94 TO 5.19	0.19
5.20 TO 5.46	0.20
5.47 TO 5.73	0.21
5.74 TO 5.99	0.22
6.00 TO 6.26	0.23
6.27 TO 6.53	0.24
6.54 TO 6.79	0.25
6.80 TO 7.06	0.26
7.07 TO 7.33	0.27
7.34 TO 7.59	0.28
7.60 TO 7.86	0.29
7.87 TO 8.13	0.30
8.14 TO 8.39	0.31
8.40 TO 8.66	0.32
8.67 TO 8.93	0.33
8.94 TO 9.19	0.34
9.20 TO 9.46	0.35
9.47 TO 9.73	0.36
9.74 TO 9.99	0.37

4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.12	0.00
0.13 TO 0.37	0.01
0.38 TO 0.62	0.02
0.63 TO 0.87	0.03
0.88 TO 1.12	0.04
1.13 TO 1.37	0.05

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1.38 TO 1.62	0.06
1.63 TO 1.87	0.07
1.88 TO 2.12	0.08
2.13 TO 2.37	0.09
2.38 TO 2.62	0.10
2.63 TO 2.87	0.11
2.88 TO 3.12	0.12
3.13 TO 3.37	0.13
3.38 TO 3.62	0.14
3.63 TO 3.87	0.15
3.88 TO 4.12	0.16
4.13 TO 4.37	0.17
4.38 TO 4.62	0.18
4.63 TO 4.87	0.19
4.88 TO 5.12	0.20
5.13 TO 5.37	0.21
5.38 TO 5.62	0.22
5.63 TO 5.87	0.23
5.88 TO 6.12	0.24
6.13 TO 6.37	0.25
6.38 TO 6.62	0.26
6.63 TO 6.87	0.27
6.88 TO 7.12	0.28
7.13 TO 7.37	0.29
7.38 TO 7.62	0.30
7.63 TO 7.87	0.31
7.88 TO 8.12	0.32
8.13 TO 8.37	0.33
8.38 TO 8.62	0.34
8.63 TO 8.87	0.35
8.88 TO 9.12	0.36
9.13 TO 9.37	0.37
9.38 TO 9.62	0.38
9.63 TO 9.87	0.39

4 1/8% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.12	0.00
0.13 TO 0.36	0.01
0.37 TO 0.60	0.02
0.61 TO 0.84	0.03
0.85 TO 1.09	0.04
1.10 TO 1.33	0.05
1.34 TO 1.57	0.06
1.58 TO 1.81	0.07
1.82 TO 2.06	0.08

2.07 TO 2.30	0.09
2.31 TO 2.54	0.10
2.55 TO 2.78	0.11
2.79 TO 3.03	0.12
3.04 TO 3.27	0.13
3.28 TO 3.51	0.14
3.52 TO 3.75	0.15
3.76 TO 3.99	0.16
4.00 TO 4.24	0.17
4.25 TO 4.48	0.18
4.49 TO 4.72	0.19
4.73 TO 4.96	0.20
4.97 TO 5.21	0.21
5.22 TO 5.45	0.22
5.46 TO 5.69	0.23
5.70 TO 5.93	0.24
5.94 TO 6.18	0.25
6.19 TO 6.42	0.26
6.43 TO 6.66	0.27
6.67 TO 6.90	0.28
6.91 TO 7.15	0.29
7.16 TO 7.39	0.30
7.40 TO 7.63	0.31
7.64 TO 7.87	0.32
7.88 TO 8.12	0.33
8.13 TO 8.36	0.34
8.37 TO 8.60	0.35
8.61 TO 8.84	0.36
8.85 TO 9.09	0.37
9.10 TO 9.33	0.38
9.34 TO 9.57	0.39
9.58 TO 9.81	0.40

4 1/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.11	0.00
0.12 TO 0.35	0.01
0.36 TO 0.58	0.02
0.59 TO 0.82	0.03
0.83 TO 1.05	0.04
1.06 TO 1.29	0.05
1.30 TO 1.52	0.06
1.53 TO 1.76	0.07
1.77 TO 1.99	0.08
2.00 TO 2.23	0.09
2.24 TO 2.47	0.10

2.48 TO 2.70	0.11
2.71 TO 2.94	0.12
2.95 TO 3.17	0.13
3.18 TO 3.41	0.14
3.42 TO 3.64	0.15
3.65 TO 3.88	0.16
3.89 TO 4.11	0.17
4.12 TO 4.35	0.18
4.36 TO 4.58	0.19
4.59 TO 4.82	0.20
4.83 TO 5.05	0.21
5.06 TO 5.29	0.22
5.30 TO 5.52	0.23
5.53 TO 5.76	0.24
5.77 TO 5.99	0.25
6.00 TO 6.23	0.26
6.24 TO 6.47	0.27
6.48 TO 6.70	0.28
6.71 TO 6.94	0.29
6.95 TO 7.17	0.30
7.18 TO 7.41	0.31
7.42 TO 7.64	0.32
7.65 TO 7.88	0.33
7.89 TO 8.11	0.34
8.12 TO 8.35	0.35
8.36 TO 8.58	0.36
8.59 TO 8.82	0.37
8.83 TO 9.05	0.38
9.06 TO 9.29	0.39
9.30 TO 9.52	0.40
9.53 TO 9.76	0.41
9.77 TO 9.99	0.42

4 1/2% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.11	0.00
0.12 TO 0.33	0.01
0.34 TO 0.55	0.02
0.56 TO 0.77	0.03
0.78 TO 0.99	0.04
1.00 TO 1.22	0.05
1.23 TO 1.44	0.06
1.45 TO 1.66	0.07
1.67 TO 1.88	0.08
1.89 TO 2.11	0.09
2.12 TO 2.33	0.10

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2.34 TO 2.55	0.11
2.56 TO 2.77	0.12
2.78 TO 2.99	0.13
3.00 TO 3.22	0.14
3.23 TO 3.44	0.15
3.45 TO 3.66	0.16
3.67 TO 3.88	0.17
3.89 TO 4.11	0.18
4.12 TO 4.33	0.19
4.34 TO 4.55	0.20
4.56 TO 4.77	0.21
4.78 TO 4.99	0.22
5.00 TO 5.22	0.23
5.23 TO 5.44	0.24
5.45 TO 5.66	0.25
5.67 TO 5.88	0.26
5.89 TO 6.11	0.27
6.12 TO 6.33	0.28
6.34 TO 6.55	0.29
6.56 TO 6.77	0.30
6.78 TO 6.99	0.31
7.00 TO 7.22	0.32
7.23 TO 7.44	0.33
7.45 TO 7.66	0.34
7.67 TO 7.88	0.35
7.89 TO 8.11	0.36
8.12 TO 8.33	0.37
8.34 TO 8.55	0.38
8.56 TO 8.77	0.39
8.78 TO 8.99	0.40
9.00 TO 9.22	0.41
9.23 TO 9.44	0.42
9.45 TO 9.66	0.43
9.67 TO 9.88	0.44

4 3/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.10	0.00
0.11 TO 0.31	0.01
0.32 TO 0.52	0.02
0.53 TO 0.73	0.03
0.74 TO 0.94	0.04
0.95 TO 1.15	0.05
1.16 TO 1.36	0.06
1.37 TO 1.57	0.07
1.58 TO 1.78	0.08

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1.79 TO 1.99	0.09
2.00 TO 2.21	0.10
2.22 TO 2.42	0.11
2.43 TO 2.63	0.12
2.64 TO 2.84	0.13
2.85 TO 3.05	0.14
3.06 TO 3.26	0.15
3.27 TO 3.47	0.16
3.48 TO 3.68	0.17
3.69 TO 3.89	0.18
3.90 TO 4.10	0.19
4.11 TO 4.31	0.20
4.32 TO 4.52	0.21
4.53 TO 4.73	0.22
4.74 TO 7.94	0.23
4.95 TO 5.15	0.24
5.16 TO 5.36	0.25
5.37 TO 5.57	0.26
5.58 TO 5.78	0.27
5.79 TO 5.99	0.28
6.00 TO 6.21	0.29
6.22 TO 6.42	0.30
6.43 TO 6.63	0.31
6.64 TO 6.84	0.32
6.85 TO 7.05	0.33
7.06 TO 7.26	0.34
7.27 TO 7.47	0.35
7.48 TO 7.68	0.36
7.69 TO 7.89	0.37
7.90 TO 8.10	0.38
8.11 TO 8.31	0.39
8.32 TO 8.52	0.40
8.53 TO 8.73	0.41
8.74 TO 8.94	0.42
8.95 TO 9.15	0.43
9.16 TO 9.36	0.44
9.37 TO 9.57	0.45
9.58 TO 9.78	0.46
9.79 TO 9.99	0.47

5% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.09	0.00
0.10 TO 0.29	0.01
0.30 TO 0.49	0.02
0.50 TO 0.69	0.03

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0.70 TO 0.89	0.04
0.90 TO 1.09	0.05
1.10 TO 1.29	0.06
1.30 TO 1.49	0.07
1.50 TO 1.69	0.08
1.70 TO 1.89	0.09
1.90 TO 2.09	0.10
2.10 TO 2.29	0.11
2.30 TO 2.49	0.12
2.50 TO 2.69	0.13
2.70 TO 2.89	0.14
2.90 TO 3.09	0.15
3.10 TO 3.29	0.16
3.30 TO 3.49	0.17
3.50 TO 3.69	0.18
3.70 TO 3.89	0.19
3.90 TO 4.09	0.20
4.10 TO 4.29	0.21
4.30 TO 4.49	0.22
4.50 TO 7.69	0.23
4.70 TO 4.89	0.24
4.90 TO 5.09	0.25
5.10 TO 5.29	0.26
5.30 TO 5.49	0.27
5.50 TO 5.69	0.28
5.70 TO 5.89	0.29
5.90 TO 6.09	0.30
6.10 TO 6.29	0.31
6.30 TO 6.49	0.32
6.50 TO 6.69	0.33
6.70 TO 6.89	0.34
6.90 TO 7.09	0.35
7.10 TO 7.29	0.36
7.30 TO 7.49	0.37
7.50 TO 7.69	0.38
7.70 TO 7.89	0.39
7.90 TO 8.09	0.40
8.10 TO 8.29	0.41
8.30 TO 8.49	0.42
8.50 TO 8.69	0.43
8.70 TO 8.89	0.44
8.90 TO 9.09	0.45
9.10 TO 9.29	0.46
9.30 TO 9.49	0.47
9.50 TO 9.69	0.48
9.70 TO 9.89	0.49

5 1/8% Tax Rate

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IF TRANSACTION IS:	TAX IS:
0.00 TO 0.09	0.00
0.10 TO 0.29	0.01
0.30 TO 0.48	0.02
0.49 TO 0.68	0.03
0.69 TO 0.87	0.04
0.88 TO 1.07	0.05
1.08 TO 1.26	0.06
1.27 TO 1.46	0.07
1.47 TO 1.65	0.08
1.66 TO 1.85	0.09
1.86 TO 2.04	0.10
2.05 TO 2.24	0.11
2.25 TO 2.43	0.12
2.44 TO 2.63	0.13
2.64 TO 2.82	0.14
2.83 TO 3.02	0.15
3.03 TO 3.21	0.16
3.22 TO 3.41	0.17
3.42 TO 3.60	0.18
3.61 TO 3.80	0.19
3.81 TO 3.99	0.20
4.00 TO 4.19	0.21
4.20 TO 4.39	0.22
4.40 TO 7.58	0.23
4.59 TO 4.78	0.24
4.79 TO 4.97	0.25
4.98 TO 5.17	0.26
5.18 TO 5.36	0.27
5.37 TO 5.56	0.28
5.57 TO 5.75	0.29
5.76 TO 5.95	0.30
5.96 TO 6.14	0.31
6.15 TO 6.34	0.32
6.35 TO 6.53	0.33
6.54 TO 6.73	0.34
6.74 TO 6.92	0.35
6.93 TO 7.12	0.36
7.13 TO 7.31	0.37
7.32 TO 7.51	0.38
7.52 TO 7.70	0.39
7.71 TO 7.90	0.40
7.91 TO 8.09	0.41
8.10 TO 8.29	0.42
8.30 TO 8.48	0.43
8.49 TO 8.68	0.44

8.69 TO 8.87	0.45
8.88 TO 9.07	0.46
9.08 TO 9.26	0.47
9.27 TO 9.46	0.48
9.47 TO 9.65	0.49
9.66 TO 9.85	0.50

5 1/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.09	0.00
0.10 TO 0.28	0.01
0.29 TO 0.47	0.02
0.48 TO 0.66	0.03
0.67 TO 0.85	0.04
0.86 TO 1.04	0.05
1.05 TO 1.23	0.06
1.24 TO 1.42	0.07
1.43 TO 1.61	0.08
1.62 TO 1.80	0.09
1.81 TO 1.99	0.10
2.00 TO 2.19	0.11
2.20 TO 2.38	0.12
2.39 TO 2.57	0.13
2.58 TO 2.76	0.14
2.77 TO 2.95	0.15
2.96 TO 3.14	0.16
3.15 TO 3.33	0.17
3.34 TO 3.52	0.18
3.53 TO 3.71	0.19
3.72 TO 3.90	0.20
3.91 TO 4.09	0.21
4.10 TO 4.28	0.22
4.29 TO 4.47	0.23
4.48 TO 4.66	0.24
4.67 TO 4.85	0.25
4.86 TO 5.04	0.26
5.05 TO 5.23	0.27
5.24 TO 5.42	0.28
5.43 TO 5.61	0.29
5.62 TO 5.80	0.30
5.81 TO 5.99	0.31
6.00 TO 6.19	0.32
6.20 TO 6.38	0.33
6.39 TO 6.57	0.34
6.58 TO 6.76	0.35
6.77 TO 6.95	0.36

6.96 TO 7.14	0.37
7.15 TO 7.33	0.38
7.34 TO 7.52	0.39
7.53 TO 7.71	0.40
7.72 TO 7.90	0.41
7.91 TO 8.09	0.42
8.10 TO 8.28	0.43
8.29 TO 8.47	0.44
8.48 TO 8.66	0.45
8.67 TO 8.85	0.46
8.86 TO 9.04	0.47
9.05 TO 9.23	0.48
9.24 TO 9.42	0.49
9.43 TO 9.61	0.50
9.62 TO 9.80	0.51
9.81 TO 9.99	0.52

5 1/2% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.09	0.00
0.10 TO 0.27	0.01
0.28 TO 0.45	0.02
0.46 TO 0.63	0.03
0.64 TO 0.81	0.04
0.82 TO 0.99	0.05
1.00 TO 1.18	0.06
1.19 TO 1.36	0.07
1.37 TO 1.54	0.08
1.55 TO 1.72	0.09
1.73 TO 1.90	0.10
1.91 TO 2.09	0.11
2.10 TO 2.27	0.12
2.28 TO 2.45	0.13
2.46 TO 2.63	0.14
2.64 TO 2.81	0.15
2.82 TO 2.99	0.16
3.00 TO 3.18	0.17
3.19 TO 3.36	0.18
3.37 TO 3.54	0.19
3.55 TO 3.72	0.20
3.73 TO 3.90	0.21
3.91 TO 4.09	0.22
4.10 TO 4.27	0.23
4.28 TO 4.45	0.24
4.46 TO 4.63	0.25
4.64 TO 4.81	0.26

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4.82 TO 4.99	0.27
5.00 TO 5.18	0.28
5.19 TO 5.36	0.29
5.37 TO 5.54	0.30
5.55 TO 5.72	0.31
5.73 TO 5.90	0.32
5.91 TO 6.09	0.33
6.10 TO 6.27	0.34
6.28 TO 6.45	0.35
6.46 TO 6.63	0.36
6.64 TO 6.81	0.37
6.82 TO 6.99	0.38
7.00 TO 7.18	0.39
7.19 TO 7.36	0.40
7.37 TO 7.54	0.41
7.55 TO 7.72	0.42
7.73 TO 7.90	0.43
7.91 TO 8.09	0.44
8.10 TO 8.27	0.45
8.28 TO 8.45	0.46
8.46 TO 8.63	0.47
8.64 TO 8.81	0.48
8.82 TO 8.99	0.49
9.00 TO 9.18	0.50
9.19 TO 9.36	0.51
9.37 TO 9.54	0.52
9.55 TO 9.72	0.53
9.73 TO 9.90	0.54

5 3/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.08	0.00
0.09 TO 0.26	0.01
0.27 TO 0.43	0.02
0.44 TO 0.60	0.03
0.61 TO 0.78	0.04
0.79 TO 0.95	0.05
0.96 TO 1.13	0.06
1.14 TO 1.30	0.07
1.31 TO 1.47	0.08
1.48 TO 1.65	0.09
1.66 TO 1.82	0.10
1.83 TO 1.99	0.11
2.00 TO 2.17	0.12
2.18 TO 2.34	0.13
2.35 TO 2.52	0.14

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2.53 TO 2.69	0.15
2.70 TO 2.86	0.16
2.87 TO 3.04	0.17
3.05 TO 3.21	0.18
3.22 TO 3.39	0.19
3.40 TO 3.56	0.20
3.57 TO 3.73	0.21
3.74 TO 3.91	0.22
3.92 TO 4.08	0.23
4.09 TO 4.26	0.24
4.27 TO 4.43	0.25
4.44 TO 4.60	0.26
4.61 TO 4.78	0.27
4.79 TO 4.95	0.28
4.96 TO 5.13	0.29
5.14 TO 5.30	0.30
5.31 TO 5.47	0.31
5.48 TO 5.65	0.32
5.66 TO 5.82	0.33
5.83 TO 5.99	0.34
6.00 TO 6.17	0.35
6.18 TO 6.34	0.36
6.35 TO 6.52	0.37
6.53 TO 6.69	0.38
6.70 TO 6.86	0.39
6.87 TO 7.04	0.40
7.05 TO 7.21	0.41
7.22 TO 7.39	0.42
7.40 TO 7.56	0.43
7.57 TO 7.73	0.44
8.74 TO 7.91	0.45
7.92 TO 8.08	0.46
8.09 TO 8.26	0.47
8.27 TO 8.43	0.48
8.44 TO 8.60	0.49
8.61 TO 8.78	0.50
8.79 TO 8.95	0.51
8.96 TO 9.13	0.52
9.14 TO 9.30	0.53
9.31 TO 9.47	0.54
9.48 TO 9.65	0.55
9.66 TO 9.82	0.56

6% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.08	0.00

0.09 TO 0.24	0.01
0.25 TO 0.41	0.02
0.42 TO 0.58	0.03
0.59 TO 0.74	0.04
0.75 TO 0.91	0.05
0.92 TO 1.08	0.06
1.09 TO 1.24	0.07
1.25 TO 1.41	0.08
1.42 TO 1.58	0.09
1.59 TO 1.74	0.10
1.75 TO 1.91	0.11
1.92 TO 2.08	0.12
2.09 TO 2.24	0.13
2.25 TO 2.41	0.14
2.42 TO 2.58	0.15
2.59 TO 2.74	0.16
2.75 TO 2.91	0.17
2.92 TO 3.08	0.18
3.09 TO 3.24	0.19
3.25 TO 3.41	0.20
3.42 TO 3.58	0.21
3.59 TO 3.74	0.22
3.75 TO 3.91	0.23
3.92 TO 4.08	0.24
4.09 TO 4.24	0.25
4.25 TO 4.41	0.26
4.42 TO 4.58	0.27
4.59 TO 4.74	0.28
4.75 TO 4.91	0.29
4.92 TO 5.08	0.30
5.09 TO 5.24	0.31
5.25 TO 5.41	0.32
5.42 TO 5.58	0.33
5.59 TO 5.74	0.34
5.75 TO 5.91	0.35
5.92 TO 6.08	0.36
6.09 TO 6.24	0.37
6.25 TO 6.41	0.38
6.42 TO 6.58	0.39
6.59 TO 6.74	0.40
6.75 TO 6.91	0.41
6.92 TO 7.08	0.42
7.09 TO 7.24	0.43
7.25 TO 7.41	0.44
7.42 TO 7.58	0.45
7.59 TO 7.74	0.46
7.75 TO 7.91	0.47
7.92 TO 8.08	0.48

8.09 TO 8.24	0.49
8.25 TO 8.41	0.50
8.42 TO 8.58	0.51
8.59 TO 8.74	0.52
8.75 TO 8.91	0.53
8.92 TO 9.08	0.54
9.09 TO 9.24	0.55
9.25 TO 9.41	0.56
9.42 TO 9.58	0.57
9.59 TO 9.74	0.58
9.75 TO 9.91	0.59

6 1/8% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.08	0.00
0.09 TO 0.24	0.01
0.25 TO 0.40	0.02
0.41 TO 0.57	0.03
0.58 TO 0.73	0.04
0.74 TO 0.89	0.05
0.90 TO 1.06	0.06
1.07 TO 1.22	0.07
1.23 TO 1.38	0.08
1.39 TO 1.55	0.09
1.56 TO 1.71	0.10
1.72 TO 1.87	0.11
1.88 TO 2.04	0.12
2.05 TO 2.20	0.13
2.21 TO 2.36	0.14
2.37 TO 2.53	0.15
2.54 TO 2.69	0.16
2.70 TO 2.85	0.17
2.86 TO 3.02	0.18
3.03 TO 3.18	0.19
3.19 TO 3.34	0.20
3.35 TO 3.51	0.21
3.52 TO 3.67	0.22
3.68 TO 3.83	0.23
3.84 TO 3.99	0.24
4.00 TO 4.16	0.25
4.17 TO 4.32	0.26
4.33 TO 4.48	0.27
4.49 TO 4.65	0.28
4.66 TO 4.81	0.29
4.82 TO 4.97	0.30
4.98 TO 5.14	0.31

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5.25 TO 5.30	0.32
5.31 TO 5.46	0.33
5.47 TO 5.63	0.34
5.64 TO 5.79	0.35
5.80 TO 5.95	0.36
5.96 TO 6.12	0.37
6.13 TO 6.28	0.38
6.29 TO 6.44	0.39
6.45 TO 6.61	0.40
6.62 TO 6.77	0.41
6.78 TO 6.93	0.42
6.94 TO 7.10	0.43
7.11 TO 7.26	0.44
7.27 TO 7.42	0.45
7.43 TO 7.59	0.46
7.65 TO 7.75	0.47
7.76 TO 7.91	0.48
7.92 TO 8.08	0.49
8.09 TO 8.24	0.50
8.25 TO 8.40	0.51
8.41 TO 8.57	0.52
8.58 TO 8.73	0.53
8.74 TO 8.89	0.54
8.90 TO 9.06	0.55
9.07 TO 9.22	0.56
9.23 TO 9.38	0.57
9.39 TO 9.55	0.58
9.56 TO 9.71	0.59
9.72 TO 9.87	0.60

6 1/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.07	0.00
0.08 TO 0.23	0.01
0.24 TO 0.39	0.02
0.40 TO 0.55	0.03
0.56 TO 0.71	0.04
0.72 TO 0.87	0.05
0.88 TO 1.03	0.06
1.04 TO 1.19	0.07
1.20 TO 1.35	0.08
1.36 TO 1.51	0.09
1.52 TO 1.67	0.10
1.68 TO 1.83	0.11
1.84 TO 1.99	0.12
2.00 TO 2.15	0.13

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2.16 TO 2.31	0.14
2.32 TO 2.47	0.15
2.48 TO 2.63	0.16
2.64 TO 2.79	0.17
2.80 TO 2.95	0.18
2.96 TO 3.11	0.19
3.12 TO 3.27	0.20
3.28 TO 3.43	0.21
3.44 TO 3.59	0.22
3.60 TO 3.75	0.23
3.76 TO 3.91	0.24
3.92 TO 4.07	0.25
4.08 TO 4.23	0.26
4.24 TO 4.39	0.27
4.40 TO 4.55	0.28
4.56 TO 4.71	0.29
4.72 TO 4.87	0.30
4.88 TO 5.03	0.31
5.04 TO 5.19	0.32
5.20 TO 5.35	0.33
5.36 TO 5.51	0.34
5.52 TO 5.67	0.35
5.68 TO 5.83	0.36
5.84 TO 5.99	0.37
6.00 TO 6.15	0.38
6.16 TO 6.31	0.39
6.32 TO 6.47	0.40
6.48 TO 6.63	0.41
6.64 TO 6.79	0.42
6.80 TO 6.95	0.43
6.96 TO 7.11	0.44
7.12 TO 7.27	0.45
7.28 TO 7.43	0.46
7.44 TO 7.59	0.47
7.60 TO 7.75	0.48
7.76 TO 7.91	0.49
7.92 TO 8.07	0.50
8.08 TO 8.23	0.51
8.24 TO 8.39	0.52
8.40 TO 8.55	0.53
8.56 TO 8.71	0.54
8.72 TO 8.87	0.55
8.88 TO 9.03	0.56
9.04 TO 9.19	0.57
9.20 TO 9.35	0.58
9.36 TO 9.51	0.59
9.52 TO 9.67	0.60
9.68 TO 9.83	0.61

9.84 TO 9.99	0.62

6 1/2% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.07	0.00
0.08 TO 0.23	0.01
0.24 TO 0.38	0.02
0.39 TO 0.53	0.03
0.54 TO 0.69	0.04
0.70 TO 0.84	0.05
0.85 TO 0.99	0.06
1.00 TO 1.15	0.07
1.16 TO 1.30	0.08
1.31 TO 1.46	0.09
1.47 TO 1.61	0.10
1.62 TO 1.76	0.11
1.77 TO 1.92	0.12
1.93 TO 2.07	0.13
2.08 TO 2.23	0.14
2.24 TO 2.38	0.15
2.39 TO 2.53	0.16
2.54 TO 2.69	0.17
2.70 TO 2.84	0.18
2.85 TO 2.99	0.19
3.00 TO 3.15	0.20
3.16 TO 3.30	0.21
3.31 TO 3.46	0.22
3.47 TO 3.61	0.23
3.62 TO 3.76	0.24
3.77 TO 3.92	0.25
3.93 TO 4.07	0.26
4.08 TO 4.23	0.27
4.24 TO 4.38	0.28
4.39 TO 4.53	0.29
4.54 TO 4.69	0.30
4.70 TO 4.84	0.31
4.85 TO 4.99	0.32
5.00 TO 5.15	0.33
5.16 TO 5.30	0.34
5.31 TO 5.46	0.35
5.47 TO 5.61	0.36
5.62 TO 5.76	0.37
5.77 TO 5.92	0.38
5.93 TO 6.07	0.39
6.08 TO 6.23	0.40
6.24 TO 6.38	0.41

6.39 TO 6.53	0.42
6.54 TO 6.69	0.43
6.70 TO 6.84	0.44
6.85 TO 6.99	0.45
7.00 TO 7.15	0.46
7.16 TO 7.30	0.47
7.31 TO 7.46	0.48
7.47 TO 7.61	0.49
7.62 TO 7.76	0.50
7.77 TO 7.92	0.51
7.93 TO 8.07	0.52
8.08 TO 8.23	0.53
8.24 TO 8.38	0.54
8.39 TO 8.53	0.55
8.54 TO 8.69	0.56
8.70 TO 8.84	0.57
8.85 TO 8.99	0.58
9.00 TO 9.15	0.59
9.16 TO 9.30	0.60
9.31 TO 9.46	0.61
9.47 TO 9.61	0.62
9.62 TO 9.76	0.63
9.77 TO 9.92	0.64

6 3/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.07	0.00
0.08 TO 0.22	0.01
0.23 TO 0.37	0.02
0.38 TO 0.51	0.03
0.52 TO 0.66	0.04
0.67 TO 0.81	0.05
0.82 TO 0.96	0.06
0.97 TO 1.11	0.07
1.12 TO 1.25	0.08
1.26 TO 1.40	0.09
1.41 TO 1.55	0.10
1.56 TO 1.70	0.11
1.71 TO 1.85	0.12
1.86 TO 1.99	0.13
2.00 TO 2.14	0.14
2.15 TO 2.29	0.15
2.30 TO 2.44	0.16
2.45 TO 2.59	0.17
2.60 TO 2.74	0.18
2.75 TO 2.88	0.19

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2.89 TO 3.03	0.20
3.04 TO 3.18	0.21
3.19 TO 3.33	0.22
3.34 TO 3.48	0.23
3.49 TO 3.62	0.24
3.63 TO 3.77	0.25
3.78 TO 3.92	0.26
3.93 TO 4.07	0.27
4.08 TO 4.22	0.28
4.23 TO 4.37	0.29
4.38 TO 4.51	0.30
4.52 TO 4.66	0.31
4.67 TO 4.81	0.32
4.82 TO 4.96	0.33
4.97 TO 5.11	0.34
5.12 TO 5.25	0.35
5.26 TO 5.40	0.36
5.41 TO 5.55	0.37
5.56 TO 5.70	0.38
5.71 TO 5.85	0.39
5.86 TO 5.99	0.40
6.00 TO 6.14	0.41
6.15 TO 6.29	0.42
6.30 TO 6.44	0.43
6.45 TO 6.59	0.44
6.60 TO 6.74	0.45
6.75 TO 6.88	0.46
6.89 TO 7.03	0.47
7.04 TO 7.18	0.48
7.19 TO 7.33	0.49
7.34 TO 7.48	0.50
7.49 TO 7.62	0.51
7.63 TO 7.77	0.52
7.78 TO 7.92	0.53
7.93 TO 8.07	0.54
8.08 TO 8.22	0.55
8.23 TO 8.37	0.56
8.38 TO 8.51	0.57
8.52 TO 8.66	0.58
8.67 TO 8.81	0.59
8.82 TO 8.96	0.60
8.97 TO 9.11	0.61
9.12 TO 9.25	0.62
9.26 TO 9.40	0.63
9.41 TO 9.55	0.64
9.56 TO 9.70	0.65
9.71 TO 9.85	0.66
9.86 TO 9.99	0.67

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7% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.07	0.00
0.08 TO 0.21	0.01
0.22 TO 0.35	0.02
0.36 TO 0.49	0.03
0.50 TO 0.64	0.04
0.65 TO 0.78	0.05
0.79 TO 0.92	0.06
0.93 TO 1.07	0.07
1.08 TO 1.21	0.08
1.22 TO 1.35	0.09
1.36 TO 1.49	0.10
1.50 TO 1.64	0.11
1.65 TO 1.78	0.12
1.79 TO 1.92	0.13
1.93 TO 2.07	0.14
2.08 TO 2.21	0.15
2.22 TO 2.35	0.16
2.36 TO 2.49	0.17
2.50 TO 2.64	0.18
2.65 TO 2.78	0.19
2.79 TO 2.92	0.20
2.93 TO 3.07	0.21
3.08 TO 3.21	0.22
3.22 TO 3.35	0.23
3.36 TO 3.49	0.24
3.50 TO 3.64	0.25
3.65 TO 3.78	0.26
3.79 TO 3.92	0.27
3.93 TO 4.07	0.28
4.08 TO 4.21	0.29
4.22 TO 4.35	0.30
4.36 TO 4.49	0.31
4.50 TO 4.64	0.32
4.65 TO 4.78	0.33
4.79 TO 4.92	0.34
4.93 TO 5.07	0.35
5.08 TO 5.21	0.36
5.22 TO 5.35	0.37
5.36 TO 5.49	0.38
5.50 TO 5.64	0.39
5.65 TO 5.78	0.40
5.79 TO 5.92	0.41
5.93 TO 6.07	0.42

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6.08 TO 6.21	0.43
6.22 TO 6.35	0.44
6.36 TO 6.49	0.45
6.50 TO 6.64	0.46
6.65 TO 6.78	0.47
6.79 TO 6.92	0.48
6.93 TO 7.07	0.49
7.08 TO 7.21	0.50
7.22 TO 7.35	0.51
7.36 TO 7.49	0.52
7.50 TO 7.64	0.53
7.65 TO 7.78	0.54
7.79 TO 7.92	0.55
7.93 TO 8.07	0.56
8.08 TO 8.21	0.57
8.22 TO 8.35	0.58
8.36 TO 8.49	0.59
8.50 TO 8.64	0.60
8.65 TO 8.78	0.61
8.79 TO 8.92	0.62
8.93 TO 9.07	0.63
9.08 TO 9.21	0.64
9.22 TO 9.35	0.65
9.36 TO 9.49	0.66
9.50 TO 9.64	0.67
9.65 TO 9.78	0.68
9.79 TO 9.92	0.69

7 1/8% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.07	0.00
0.08 TO 0.21	0.01
0.22 TO 0.35	0.02
0.36 TO 0.49	0.03
0.50 TO 0.63	0.04
0.64 TO 0.77	0.05
0.78 TO 0.91	0.06
0.92 TO 1.05	0.07
1.06 TO 1.19	0.08
1.20 TO 1.33	0.09
1.34 TO 1.47	0.10
1.48 TO 1.61	0.11
1.62 TO 1.75	0.12
1.76 TO 1.89	0.13
1.90 TO 2.03	0.14
2.04 TO 2.17	0.15

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2.18 TO 2.31	0.16
2.32 TO 2.45	0.17
2.46 TO 2.59	0.18
2.60 TO 2.73	0.19
2.74 TO 2.87	0.20
2.88 TO 3.01	0.21
3.02 TO 3.15	0.22
3.16 TO 3.29	0.23
3.30 TO 3.43	0.24
3.44 TO 3.57	0.25
3.58 TO 3.71	0.26
3.72 TO 3.85	0.27
3.86 TO 3.99	0.28
4.00 TO 4.14	0.29
4.15 TO 4.28	0.30
4.29 TO 4.42	0.31
4.43 TO 4.56	0.32
4.57 TO 4.70	0.33
4.71 TO 4.84	0.34
4.85 TO 4.98	0.35
4.99 TO 5.12	0.36
5.13 TO 5.26	0.37
5.27 TO 5.40	0.38
5.41 TO 5.54	0.39
5.55 TO 5.68	0.40
5.69 TO 5.82	0.41
5.83 TO 5.96	0.42
5.97 TO 6.10	0.43
6.11 TO 6.24	0.44
6.25 TO 6.38	0.45
6.39 TO 6.52	0.46
6.53 TO 6.66	0.47
6.67 TO 6.80	0.48
6.81 TO 6.94	0.49
6.95 TO 7.08	0.50
7.09 TO 7.22	0.51
7.23 TO 7.36	0.52
7.37 TO 7.50	0.53
7.51 TO 7.64	0.54
7.65 TO 7.78	0.55
7.79 TO 7.92	0.56
7.93 TO 8.07	0.57
8.08 TO 8.21	0.58
8.22 TO 8.35	0.59
8.36 TO 8.49	0.60
8.50 TO 8.63	0.61
8.64 TO 8.77	0.62
8.78 TO 8.91	0.63

8.92 TO 9.05	0.64
9.06 TO 9.19	0.65
9.20 TO 9.33	0.66
9.34 TO 9.47	0.67
9.48 TO 9.61	0.68
9.62 TO 9.75	0.69
9.76 TO 9.89	0.70

7 1/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.06	0.00
0.07 TO 0.20	0.01
0.21 TO 0.34	0.02
0.35 TO 0.48	0.03
0.49 TO 0.62	0.04
0.63 TO 0.75	0.05
0.76 TO 0.89	0.06
0.90 TO 1.03	0.07
1.04 TO 1.17	0.08
1.18 TO 1.31	0.09
1.32 TO 1.44	0.10
1.45 TO 1.58	0.11
1.59 TO 1.72	0.12
1.73 TO 1.86	0.13
1.87 TO 1.99	0.14
2.00 TO 2.13	0.15
2.14 TO 2.27	0.16
2.28 TO 2.41	0.17
2.42 TO 2.55	0.18
2.56 TO 2.68	0.19
2.69 TO 2.82	0.20
2.83 TO 2.96	0.21
2.97 TO 3.10	0.22
3.11 TO 3.24	0.23
3.25 TO 3.37	0.24
3.38 TO 3.51	0.25
3.52 TO 3.65	0.26
3.66 TO 3.79	0.27
3.80 TO 3.93	0.28
3.94 TO 4.06	0.29
4.07 TO 4.20	0.30
4.21 TO 4.34	0.31
4.35 TO 4.48	0.32
4.49 TO 4.62	0.33
4.63 TO 4.75	0.34
4.76 TO 4.89	0.35

4.90 TO 5.03	0.36
5.04 TO 5.17	0.37
5.18 TO 5.31	0.38
5.32 TO 5.44	0.39
5.45 TO 5.58	0.40
5.59 TO 5.72	0.41
5.73 TO 5.86	0.42
5.87 TO 5.99	0.43
6.00 TO 6.13	0.44
6.14 TO 6.27	0.45
6.28 TO 6.41	0.46
6.42 TO 6.55	0.47
6.56 TO 6.68	0.48
6.69 TO 6.82	0.49
6.83 TO 6.96	0.50
6.97 TO 7.10	0.51
7.11 TO 7.24	0.52
7.25 TO 7.37	0.53
7.38 TO 7.51	0.54
7.52 TO 7.65	0.55
7.66 TO 7.79	0.56
7.80 TO 7.93	0.57
7.94 TO 8.06	0.58
8.07 TO 8.20	0.59
8.21 TO 8.34	0.60
8.35 TO 8.48	0.61
8.49 TO 8.62	0.62
8.63 TO 8.75	0.63
8.76 TO 8.89	0.64
8.90 TO 9.03	0.65
9.04 TO 9.17	0.66
9.18 TO 9.31	0.67
9.32 TO 9.44	0.68
9.45 TO 9.58	0.69
9.59 TO 9.72	0.70
9.73 TO 9.86	0.71

7 1/2% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.06	0.00
0.07 TO 0.19	0.01
0.20 TO 0.33	0.02
0.34 TO 0.46	0.03
0.47 TO 0.59	0.04
0.60 TO 0.73	0.05
0.74 TO 0.86	0.06

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0.87 TO 0.99	0.07
1.00 TO 1.13	0.08
1.14 TO 1.26	0.09
1.27 TO 1.39	0.10
1.40 TO 1.53	0.11
1.54 TO 1.66	0.12
1.67 TO 1.79	0.13
1.80 TO 1.93	0.14
1.94 TO 2.06	0.15
2.07 TO 2.19	0.16
2.20 TO 2.33	0.17
2.34 TO 2.46	0.18
2.47 TO 2.59	0.19
2.60 TO 2.73	0.20
2.74 TO 2.86	0.21
2.87 TO 2.99	0.22
3.00 TO 3.13	0.23
3.14 TO 3.26	0.24
3.27 TO 3.39	0.25
3.40 TO 3.53	0.26
3.54 TO 3.66	0.27
3.67 TO 3.79	0.28
3.80 TO 3.93	0.29
3.94 TO 4.06	0.30
4.07 TO 4.19	0.31
4.20 TO 4.33	0.32
4.34 TO 4.46	0.33
4.47 TO 4.59	0.34
4.60 TO 4.73	0.35
4.74 TO 4.86	0.36
4.87 TO 4.99	0.37
5.00 TO 5.13	0.38
5.14 TO 5.26	0.39
5.27 TO 5.39	0.40
5.40 TO 5.53	0.41
5.54 TO 5.66	0.42
5.67 TO 5.79	0.43
5.80 TO 5.93	0.44
5.94 TO 6.06	0.45
6.07 TO 6.19	0.46
6.20 TO 6.33	0.47
6.34 TO 6.46	0.48
6.47 TO 6.59	0.49
6.60 TO 6.73	0.50
6.74 TO 6.86	0.51
6.87 TO 6.99	0.52
7.00 TO 7.13	0.53
7.14 TO 7.26	0.54

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7.27 TO 7.39	0.55
7.40 TO 7.53	0.56
7.54 TO 7.66	0.57
7.67 TO 7.79	0.58
7.80 TO 7.93	0.59
7.94 TO 8.06	0.60
8.07 TO 8.19	0.61
8.20 TO 8.33	0.62
8.34 TO 8.46	0.63
8.47 TO 8.59	0.64
8.60 TO 8.73	0.65
8.74 TO 8.86	0.66
8.87 TO 8.99	0.67
9.00 TO 9.13	0.68
9.14 TO 9.26	0.69
9.27 TO 9.39	0.70
9.40 TO 9.53	0.71
9.54 TO 9.66	0.72
9.67 TO 9.79	0.73
9.80 TO 9.93	0.74

7 3/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.06	0.00
0.07 TO 0.19	0.01
0.20 TO 0.32	0.02
0.33 TO 0.45	0.03
0.46 TO 0.58	0.04
0.59 TO 0.70	0.05
0.71 TO 0.83	0.06
0.84 TO 0.96	0.07
0.97 TO 1.09	0.08
1.10 TO 1.22	0.09
1.23 TO 1.35	0.10
1.36 TO 1.48	0.11
1.49 TO 1.61	0.12
1.62 TO 1.74	0.13
1.75 TO 1.87	0.14
1.88 TO 1.99	0.15
2.00 TO 2.12	0.16
2.13 TO 2.25	0.17
2.26 TO 2.38	0.18
2.39 TO 2.51	0.19
2.52 TO 2.64	0.20
2.65 TO 2.77	0.21
2.78 TO 2.90	0.22

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2.91 TO 3.03	0.23
3.04 TO 3.16	0.24
3.17 TO 3.29	0.25
3.30 TO 3.41	0.26
3.42 TO 3.54	0.27
3.55 TO 3.67	0.28
3.68 TO 3.80	0.29
3.91 TO 3.93	0.30
3.94 TO 4.06	0.31
4.07 TO 4.19	0.32
4.20 TO 4.32	0.33
4.33 TO 4.45	0.34
4.46 TO 4.58	0.35
4.59 TO 4.70	0.36
4.71 TO 4.83	0.37
4.84 TO 4.96	0.38
4.97 TO 5.09	0.39
5.10 TO 5.22	0.40
5.23 TO 5.35	0.41
5.36 TO 5.48	0.42
5.49 TO 5.61	0.43
5.62 TO 5.74	0.44
5.75 TO 5.87	0.45
5.88 TO 5.99	0.46
6.00 TO 6.12	0.47
6.13 TO 6.25	0.48
6.26 TO 6.38	0.49
6.39 TO 6.51	0.50
6.52 TO 6.64	0.51
6.65 TO 6.77	0.52
6.78 TO 6.90	0.53
6.91 TO 7.03	0.54
7.04 TO 7.16	0.55
7.17 TO 7.29	0.56
7.30 TO 7.41	0.57
7.42 TO 7.54	0.58
7.55 TO 7.67	0.59
7.68 TO 7.80	0.60
7.81 TO 7.93	0.61
7.94 TO 8.06	0.62
8.07 TO 8.19	0.63
8.20 TO 8.32	0.64
8.33 TO 8.45	0.65
8.46 TO 8.58	0.66
8.59 TO 8.70	0.67
8.71 TO 8.83	0.68
8.84 TO 8.96	0.69
8.97 TO 9.09	0.70

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9.10 TO 9.22	0.71
9.23 TO 9.35	0.72
9.36 TO 9.48	0.73
9.49 TO 9.61	0.74
9.62 TO 9.74	0.75
9.75 TO 9.87	0.76
9.88 TO 9.99	0.77

8% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.06	0.00
0.07 TO 0.18	0.01
0.19 TO 0.31	0.02
0.32 TO 0.43	0.03
0.44 TO 0.56	0.04
0.57 TO 0.68	0.05
0.69 TO 0.81	0.06
0.82 TO 0.93	0.07
0.94 TO 1.06	0.08
1.07 TO 1.18	0.09
1.19 TO 1.31	0.10
1.32 TO 1.43	0.11
1.44 TO 1.56	0.12
1.57 TO 1.68	0.13
1.69 TO 1.81	0.14
1.82 TO 1.93	0.15
1.94 TO 2.06	0.16
2.07 TO 2.18	0.17
2.19 TO 2.31	0.18
2.32 TO 2.43	0.19
2.44 TO 2.56	0.20
2.57 TO 2.68	0.21
2.69 TO 2.81	0.22
2.82 TO 2.93	0.23
2.94 TO 3.06	0.24
3.07 TO 3.18	0.25
3.19 TO 3.31	0.26
3.32 TO 3.43	0.27
3.44 TO 3.56	0.28
3.57 TO 3.68	0.29
3.69 TO 3.81	0.30
3.82 TO 3.93	0.31
3.94 TO 4.06	0.32
4.07 TO 4.18	0.33
4.19 TO 4.31	0.34
4.32 TO 4.43	0.35

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4.44 TO 4.56	0.36
4.57 TO 4.68	0.37
4.69 TO 4.81	0.38
4.82 TO 4.93	0.39
4.94 TO 5.06	0.40
5.07 TO 5.18	0.41
5.19 TO 5.31	0.42
5.32 TO 5.43	0.43
5.44 TO 5.56	0.44
5.57 TO 5.68	0.45
5.69 TO 5.81	0.46
5.82 TO 5.93	0.47
5.94 TO 6.06	0.48
6.07 TO 6.18	0.49
6.19 TO 6.31	0.50
6.32 TO 6.43	0.51
6.44 TO 6.56	0.52
6.57 TO 6.68	0.53
6.69 TO 6.81	0.54
6.82 TO 6.93	0.55
6.94 TO 7.06	0.56
7.07 TO 7.18	0.57
7.19 TO 7.31	0.58
7.32 TO 7.43	0.59
7.44 TO 7.56	0.60
7.57 TO 7.68	0.61
7.69 TO 7.81	0.62
7.82 TO 7.93	0.63
7.94 TO 8.06	0.64
8.07 TO 8.18	0.65
8.19 TO 8.31	0.66
8.32 TO 8.43	0.67
8.44 TO 8.56	0.68
8.57 TO 8.68	0.69
8.69 TO 8.81	0.70
8.82 TO 8.93	0.71
8.94 TO 9.06	0.72
9.07 TO 9.18	0.73
9.19 TO 9.31	0.74
9.32 TO 9.43	0.75
9.44 TO 9.56	0.76
9.57 TO 9.68	0.77
9.69 TO 9.81	0.78
9.82 TO 9.93	0.79

8 1/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.06	0.00
0.07 TO 0.18	0.01
0.19 TO 0.30	0.02
0.31 TO 0.42	0.03
0.43 TO 0.54	0.04
0.55 TO 0.66	0.05
0.67 TO 0.78	0.06
0.79 TO 0.90	0.07
0.91 TO 1.03	0.08
1.04 TO 1.15	0.09
1.16 TO 1.27	0.10
1.28 TO 1.39	0.11
1.40 TO 1.51	0.12
1.52 TO 1.63	0.13
1.64 TO 1.75	0.14
1.76 TO 1.87	0.15
1.88 TO 1.99	0.16
2.00 TO 2.12	0.17
2.13 TO 2.24	0.18
2.25 TO 2.36	0.19
2.37 TO 2.48	0.20
2.49 TO 2.60	0.21
2.61 TO 2.72	0.22
2.73 TO 2.84	0.23
2.85 TO 2.96	0.24
2.97 TO 3.09	0.25
3.10 TO 3.21	0.26
3.22 TO 3.33	0.27
3.34 TO 3.45	0.28
3.46 TO 3.57	0.29
3.58 TO 3.69	0.30
3.70 TO 3.81	0.31
3.82 TO 3.93	0.32
3.94 TO 4.06	0.33
4.07 TO 4.18	0.34
4.19 TO 4.30	0.35
4.31 TO 4.42	0.36
4.43 TO 4.54	0.37
4.55 TO 4.66	0.38
4.67 TO 4.78	0.39
4.79 TO 4.90	0.40
4.91 TO 5.03	0.41
5.04 TO 5.15	0.42
5.16 TO 5.27	0.43
5.28 TO 5.39	0.44
5.40 TO 5.51	0.45
5.52 TO 5.63	0.46

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5.64 TO 5.75	0.47
5.76 TO 5.87	0.48
5.88 TO 5.99	0.49
6.00 TO 6.12	0.50
6.13 TO 6.24	0.51
6.25 TO 6.36	0.52
6.37 TO 6.48	0.53
6.49 TO 6.60	0.54
6.61 TO 6.72	0.55
6.73 TO 6.84	0.56
6.85 TO 6.96	0.57
6.97 TO 7.09	0.58
7.10 TO 7.21	0.59
7.22 TO 7.33	0.60
7.34 TO 7.45	0.61
7.46 TO 7.57	0.62
7.58 TO 7.69	0.63
7.70 TO 7.81	0.64
7.82 TO 7.93	0.65
7.94 TO 8.06	0.66
8.07 TO 8.18	0.67
8.19 TO 8.30	0.68
8.31 TO 8.42	0.69
8.43 TO 8.54	0.70
8.55 TO 8.66	0.71
8.67 TO 8.78	0.72
8.79 TO 8.90	0.73
8.91 TO 9.03	0.74
9.04 TO 9.15	0.75
9.16 TO 9.27	0.76
9.28 TO 9.39	0.77
9.40 TO 9.51	0.78
9.52 TO 9.63	0.79
9.64 TO 9.75	0.80
9.76 TO 9.87	0.81
9.88 TO 9.99	0.82
10.00 TO 10.12	0.83

8 1/2% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.05	0.00
0.06 TO 0.17	0.01
0.18 TO 0.29	0.02
0.30 TO 0.41	0.03
0.42 TO 0.52	0.04
0.53 TO 0.64	0.05

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0.65 TO 0.76	0.06
0.77 TO 0.88	0.07
0.89 TO 0.99	0.08
1.00 TO 1.11	0.09
1.12 TO 1.23	0.10
1.24 TO 1.35	0.11
1.36 TO 1.47	0.12
1.48 TO 1.58	0.13
1.59 TO 1.70	0.14
1.71 TO 1.82	0.15
1.83 TO 1.94	0.16
1.95 TO 2.05	0.17
2.06 TO 2.17	0.18
2.18 TO 2.29	0.19
2.30 TO 2.41	0.20
2.42 TO 2.52	0.21
2.53 TO 2.64	0.22
2.65 TO 2.76	0.23
2.77 TO 2.88	0.24
2.89 TO 2.99	0.25
3.00 TO 3.11	0.26
3.12 TO 3.23	0.27
3.24 TO 3.35	0.28
3.36 TO 3.47	0.29
3.48 TO 3.58	0.30
3.59 TO 3.70	0.31
3.71 TO 3.82	0.32
3.83 TO 3.94	0.33
3.95 TO 4.05	0.34
4.06 TO 4.17	0.35
4.18 TO 4.29	0.36
4.30 TO 4.41	0.37
4.42 TO 4.52	0.38
4.53 TO 4.64	0.39
4.65 TO 4.76	0.40
4.77 TO 4.88	0.41
4.89 TO 4.99	0.42
5.00 TO 5.11	0.43
5.12 TO 5.23	0.44
5.24 TO 5.35	0.45
5.36 TO 5.47	0.46
5.48 TO 5.58	0.47
5.59 TO 5.70	0.48
5.71 TO 5.82	0.49
5.83 TO 5.94	0.50
5.95 TO 6.05	0.51
6.06 TO 6.17	0.52
6.18 TO 6.29	0.53

6.30 TO 6.41	0.54
6.42 TO 6.52	0.55
6.53 TO 6.64	0.56
6.65 TO 6.76	0.57
6.77 TO 6.88	0.58
6.89 TO 6.99	0.59
7.00 TO 7.11	0.60
7.12 TO 7.23	0.61
7.24 TO 7.35	0.62
7.36 TO 7.47	0.63
7.48 TO 7.58	0.64
7.59 TO 7.70	0.65
7.71 TO 7.82	0.66
7.83 TO 7.94	0.67
7.95 TO 8.05	0.68
8.06 TO 8.17	0.69
8.18 TO 8.29	0.70
8.30 TO 8.41	0.71
8.42 TO 8.52	0.72
8.53 TO 8.64	0.73
8.65 TO 8.76	0.74
8.77 TO 8.88	0.75
8.89 TO 8.99	0.76
9.00 TO 9.11	0.77
9.12 TO 9.23	0.78
9.24 TO 9.35	0.79
9.36 TO 9.47	0.80
9.48 TO 9.58	0.81
9.59 TO 9.70	0.82
9.71 TO 9.82	0.83
9.83 TO 9.94	0.84
9.95 TO 10.00	0.85

8 3/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.05	0.00
0.06 TO 0.17	0.01
0.18 TO 0.28	0.02
0.29 TO 0.39	0.03
0.40 TO 0.51	0.04
0.52 TO 0.62	0.05
0.63 TO 0.74	0.06
0.75 TO 0.85	0.07
0.86 TO 0.97	0.08
0.98 TO 1.08	0.09
1.09 TO 1.19	0.10

1.20 TO 1.31	0.11
1.32 TO 1.42	0.12
1.43 TO 1.54	0.13
1.55 TO 1.65	0.14
1.66 TO 1.77	0.15
1.78 TO 1.88	0.16
1.89 TO 1.99	0.17
2.00 TO 2.11	0.18
2.12 TO 2.22	0.19
2.23 TO 2.34	0.20
2.35 TO 2.45	0.21
2.46 TO 2.57	0.22
2.58 TO 2.68	0.23
2.69 TO 2.79	0.24
2.80 TO 2.91	0.25
2.92 TO 3.02	0.26
3.03 TO 3.14	0.27
3.15 TO 3.25	0.28
3.26 TO 3.37	0.29
3.38 TO 3.48	0.30
3.49 TO 3.59	0.31
3.60 TO 3.71	0.32
3.72 TO 3.82	0.33
3.83 TO 3.94	0.34
3.95 TO 4.05	0.35
4.06 TO 4.17	0.36
4.18 TO 4.28	0.37
4.29 TO 4.39	0.38
4.40 TO 4.51	0.39
4.52 TO 4.62	0.40
4.63 TO 4.74	0.41
4.75 TO 4.85	0.42
4.86 TO 4.97	0.43
4.98 TO 5.08	0.44
5.09 TO 5.19	0.45
5.20 TO 5.31	0.46
5.32 TO 5.42	0.47
5.43 TO 5.54	0.48
5.55 TO 5.65	0.49
5.66 TO 5.77	0.50
5.78 TO 5.88	0.51
5.89 TO 5.99	0.52
6.00 TO 6.11	0.53
6.12 TO 6.22	0.54
6.23 TO 6.34	0.55
6.35 TO 6.45	0.56
6.46 TO 6.57	0.57
6.58 TO 6.68	0.58

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6.69 TO 6.79	0.59
6.80 TO 6.91	0.60
6.92 TO 7.02	0.61
7.03 TO 7.14	0.62
7.15 TO 7.25	0.63
7.26 TO 7.37	0.64
7.38 TO 7.48	0.65
7.49 TO 7.59	0.66
7.60 TO 7.71	0.67
7.72 TO 7.82	0.68
7.83 TO 7.94	0.69
7.95 TO 8.05	0.70
8.06 TO 8.17	0.71
8.18 TO 8.28	0.72
8.29 TO 8.39	0.73
8.40 TO 8.51	0.74
8.52 TO 8.62	0.75
8.63 TO 8.74	0.76
8.75 TO 8.85	0.77
8.86 TO 8.97	0.78
8.98 TO 9.08	0.79
9.09 TO 9.19	0.80
9.20 TO 9.31	0.81
9.32 TO 9.42	0.82
9.43 TO 9.54	0.83
9.55 TO 9.65	0.84
9.66 TO 9.77	0.85
9.78 TO 9.88	0.86
9.89 TO 9.99	0.87
10.00 TO 10.11	0.88

9% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.05	0.00
0.06 TO 0.16	0.01
0.17 TO 0.27	0.02
0.28 TO 0.38	0.03
0.39 TO 0.49	0.04
0.50 TO 0.61	0.05
0.62 TO 0.72	0.06
0.73 TO 0.83	0.07
0.84 TO 0.94	0.08
0.95 TO 1.05	0.09
1.06 TO 1.16	0.10
1.17 TO 1.27	0.11
1.28 TO 1.38	0.12

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1.39 TO 1.49	0.13
1.50 TO 1.61	0.14
1.62 TO 1.72	0.15
1.73 TO 1.83	0.16
1.84 TO 1.94	0.17
1.95 TO 2.05	0.18
2.06 TO 2.16	0.19
2.17 TO 2.27	0.20
2.28 TO 2.38	0.21
2.39 TO 2.49	0.22
2.50 TO 2.61	0.23
2.62 TO 2.72	0.24
2.73 TO 2.83	0.25
2.84 TO 2.94	0.26
2.95 TO 3.05	0.27
3.06 TO 3.16	0.28
3.17 TO 3.27	0.29
3.28 TO 3.38	0.30
3.39 TO 3.49	0.31
3.50 TO 3.61	0.32
3.62 TO 3.72	0.33
3.73 TO 3.83	0.34
3.84 TO 3.94	0.35
3.95 TO 4.05	0.36
4.06 TO 4.16	0.37
4.17 TO 4.27	0.38
4.28 TO 4.38	0.39
4.39 TO 4.49	0.40
4.50 TO 4.61	0.41
4.62 TO 4.72	0.42
4.73 TO 4.83	0.43
4.84 TO 4.94	0.44
4.95 TO 5.05	0.45
5.06 TO 5.16	0.46
5.17 TO 5.27	0.47
5.28 TO 5.38	0.48
5.39 TO 5.49	0.49
5.50 TO 5.61	0.50
5.62 TO 5.72	0.51
5.73 TO 5.83	0.52
5.84 TO 5.94	0.53
5.95 TO 6.05	0.54
6.06 TO 6.16	0.55
6.17 TO 6.27	0.56
6.28 TO 6.38	0.57
6.39 TO 6.49	0.58
6.50 TO 6.61	0.59
6.62 TO 6.72	0.60

6.73 TO 6.83	0.61
6.84 TO 6.94	0.62
6.95 TO 7.05	0.63
7.06 TO 7.16	0.64
7.17 TO 7.27	0.65
7.28 TO 7.38	0.66
7.39 TO 7.49	0.67
7.50 TO 7.61	0.68
7.62 TO 7.72	0.69
7.73 TO 7.83	0.70
7.84 TO 7.94	0.71
7.95 TO 8.05	0.72
8.06 TO 8.16	0.73
8.17 TO 8.27	0.74
8.28 TO 8.38	0.75
8.39 TO 8.49	0.76
8.50 TO 8.61	0.77
8.62 TO 8.72	0.78
8.73 TO 8.83	0.79
8.84 TO 8.94	0.80
8.95 TO 9.05	0.81
9.06 TO 9.16	0.82
9.17 TO 9.27	0.83
9.28 TO 9.38	0.84
9.39 TO 9.49	0.85
9.50 TO 9.61	0.86
9.62 TO 9.72	0.87
9.73 TO 9.83	0.88
9.84 TO 9.94	0.89
9.95 TO 10.00	0.90

9 1/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.05	0.00
0.06 TO 0.16	0.01
0.17 TO 0.27	0.02
0.28 TO 0.37	0.03
0.38 TO 0.48	0.04
0.49 TO 0.59	0.05
0.60 TO 0.70	0.06
0.71 TO 0.81	0.07
0.82 TO 0.91	0.08
0.92 TO 1.02	0.09
1.03 TO 1.13	0.10
1.14 TO 1.24	0.11
1.25 TO 1.35	0.12

1.36 TO 1.45	0.13
1.46 TO 1.56	0.14
1.57 TO 1.67	0.15
1.68 TO 1.78	0.16
1.79 TO 1.89	0.17
1.90 TO 1.99	0.18
2.00 TO 2.10	0.19
2.11 TO 2.21	0.20
2.22 TO 2.32	0.21
2.33 TO 2.43	0.22
2.44 TO 2.54	0.23
2.55 TO 2.64	0.24
2.65 TO 2.75	0.25
2.76 TO 2.86	0.26
2.87 TO 2.97	0.27
2.98 TO 3.08	0.28
3.09 TO 3.18	0.29
3.19 TO 3.29	0.30
3.30 TO 3.40	0.31
3.41 TO 3.51	0.32
3.52 TO 3.62	0.33
3.63 TO 3.72	0.34
3.73 TO 3.83	0.35
3.84 TO 3.94	0.36
3.95 TO 4.05	0.37
4.06 TO 4.16	0.38
4.17 TO 4.27	0.39
4.28 TO 4.37	0.40
4.38 TO 4.48	0.41
4.49 TO 4.59	0.42
4.60 TO 4.70	0.43
4.71 TO 4.81	0.44
4.82 TO 4.91	0.45
4.92 TO 5.02	0.46
5.03 TO 5.13	0.47
5.14 TO 5.24	0.48
5.25 TO 5.35	0.49
5.36 TO 5.45	0.50
5.46 TO 5.56	0.51
5.57 TO 5.67	0.52
5.68 TO 5.78	0.53
5.79 TO 5.89	0.54
5.90 TO 5.99	0.55
6.00 TO 6.10	0.56
6.11 TO 6.21	0.57
6.22 TO 6.32	0.58
6.33 TO 6.43	0.59
6.44 TO 6.54	0.60

6.55 TO 6.64	0.61
6.65 TO 6.75	0.62
6.76 TO 6.86	0.63
6.87 TO 6.97	0.64
6.98 TO 7.08	0.65
7.09 TO 7.18	0.66
7.19 TO 7.29	0.67
7.30 TO 7.40	0.68
7.41 TO 7.51	0.69
7.52 TO 7.62	0.70
7.63 TO 7.72	0.71
7.73 TO 7.83	0.72
7.84 TO 7.94	0.73
7.95 TO 8.05	0.74
8.06 TO 8.16	0.75
8.17 TO 8.27	0.76
8.28 TO 8.37	0.77
8.38 TO 8.48	0.78
8.49 TO 8.59	0.79
8.60 TO 8.70	0.80
8.71 TO 8.81	0.81
8.82 TO 8.91	0.82
8.92 TO 9.02	0.83
9.03 TO 9.13	0.84
9.14 TO 9.24	0.85
9.25 TO 9.35	0.86
9.36 TO 9.45	0.87
9.46 TO 9.56	0.88
9.57 TO 9.67	0.89
9.68 TO 9.78	0.90
9.79 TO 9.89	0.91
9.90 TO 9.99	0.92
10.00 TO 10.10	0.93

9 1/2% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.05	0.00
0.06 TO 0.15	0.01
0.16 TO 0.26	0.02
0.27 TO 0.36	0.03
0.37 TO 0.47	0.04
0.48 TO 0.57	0.05
0.58 TO 0.68	0.06
0.69 TO 0.78	0.07
0.79 TO 0.89	0.08
0.90 TO 0.99	0.09

1.00 TO 1.10	0.10
1.11 TO 1.21	0.11
1.22 TO 1.31	0.12
1.32 TO 1.42	0.13
1.43 TO 1.52	0.14
1.53 TO 1.63	0.15
1.64 TO 1.73	0.16
1.74 TO 1.84	0.17
1.85 TO 1.94	0.18
1.95 TO 2.05	0.19
2.06 TO 2.15	0.20
2.16 TO 2.26	0.21
2.27 TO 2.36	0.22
2.37 TO 2.47	0.23
2.48 TO 2.57	0.24
2.58 TO 2.68	0.25
2.69 TO 2.78	0.26
2.79 TO 2.89	0.27
2.90 TO 2.99	0.28
3.00 TO 3.10	0.29
3.11 TO 3.21	0.30
3.22 TO 3.31	0.31
3.32 TO 3.42	0.32
3.43 TO 3.52	0.33
3.53 TO 3.63	0.34
3.64 TO 3.73	0.35
3.74 TO 3.84	0.36
3.85 TO 3.94	0.37
3.95 TO 4.05	0.38
4.06 TO 4.15	0.39
4.16 TO 4.26	0.40
4.27 TO 4.36	0.41
4.37 TO 4.47	0.42
4.48 TO 4.57	0.43
4.58 TO 4.68	0.44
4.69 TO 4.78	0.45
4.79 TO 4.89	0.46
4.90 TO 4.99	0.47
5.00 TO 5.10	0.48
5.11 TO 5.21	0.49
5.22 TO 5.31	0.50
5.32 TO 5.42	0.51
5.43 TO 5.52	0.52
5.53 TO 5.63	0.53
5.64 TO 5.73	0.54
5.74 TO 5.84	0.55
5.85 TO 5.94	0.56
5.95 TO 6.05	0.57

DEPARTMENT OF REVENUE

NOTICE OF EMERGENCY AMENDMENTS

6.06 TO 6.15	0.58
6.16 TO 6.26	0.59
6.27 TO 6.36	0.60
6.37 TO 6.47	0.61
6.48 TO 6.57	0.62
6.58 TO 6.68	0.63
6.69 TO 6.78	0.64
6.79 TO 6.89	0.65
6.90 TO 6.99	0.66
7.00 TO 7.10	0.67
7.11 TO 7.21	0.68
7.22 TO 7.31	0.69
7.32 TO 7.42	0.70
7.43 TO 7.52	0.71
7.53 TO 7.63	0.72
7.64 TO 7.73	0.73
7.74 TO 7.84	0.74
7.85 TO 7.94	0.75
7.95 TO 8.05	0.76
8.06 TO 8.15	0.77
8.16 TO 8.26	0.78
8.27 TO 8.36	0.79
8.37 TO 8.47	0.80
8.48 TO 8.57	0.81
8.58 TO 8.68	0.82
8.69 TO 8.78	0.83
8.79 TO 8.89	0.84
8.90 TO 8.99	0.85
9.00 TO 9.10	0.86
9.11 TO 9.21	0.87
9.22 TO 9.31	0.88
9.32 TO 9.42	0.89
9.43 TO 9.52	0.90
9.53 TO 9.63	0.91
9.64 TO 9.73	0.92
9.74 TO 9.84	0.93
9.85 TO 9.94	0.94
9.95 TO 10.00	0.95

9 3/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.05	0.00
0.06 TO 0.15	0.01
0.16 TO 0.25	0.02
0.26 TO 0.35	0.03
0.36 TO 0.46	0.04

DEPARTMENT OF REVENUE

NOTICE OF EMERGENCY AMENDMENTS

0.47 TO 0.56	0.05
0.57 TO 0.66	0.06
0.67 TO 0.76	0.07
0.77 TO 0.87	0.08
0.88 TO 0.97	0.09
0.98 TO 1.07	0.10
1.08 TO 1.17	0.11
1.18 TO 1.28	0.12
1.29 TO 1.38	0.13
1.39 TO 1.48	0.14
1.49 TO 1.58	0.15
1.59 TO 1.69	0.16
1.70 TO 1.79	0.17
1.80 TO 1.89	0.18
1.90 TO 1.99	0.19
2.00 TO 2.10	0.20
2.11 TO 2.20	0.21
2.21 TO 2.30	0.22
2.31 TO 2.41	0.23
2.42 TO 2.51	0.24
2.52 TO 2.61	0.25
2.62 TO 2.71	0.26
2.72 TO 2.82	0.27
2.83 TO 2.92	0.28
2.93 TO 3.02	0.29
3.03 TO 3.12	0.30
3.13 TO 3.23	0.31
3.24 TO 3.33	0.32
3.34 TO 3.43	0.33
3.44 TO 3.53	0.34
3.54 TO 3.64	0.35
3.65 TO 3.74	0.36
3.75 TO 3.84	0.37
3.85 TO 3.94	0.38
3.95 TO 4.05	0.39
4.06 TO 4.15	0.40
4.16 TO 4.25	0.41
4.26 TO 4.35	0.42
4.36 TO 4.46	0.43
4.47 TO 4.56	0.44
4.57 TO 4.66	0.45
4.67 TO 4.76	0.46
4.77 TO 4.87	0.47
4.88 TO 4.97	0.48
4.98 TO 5.07	0.49
5.08 TO 5.17	0.50
5.18 TO 5.28	0.51
5.29 TO 5.38	0.52

DEPARTMENT OF REVENUE

NOTICE OF EMERGENCY AMENDMENTS

5.39 TO 5.48	0.53
5.49 TO 5.58	0.54
5.59 TO 5.69	0.55
5.70 TO 5.79	0.56
5.80 TO 5.89	0.57
5.90 TO 5.99	0.58
6.00 TO 6.10	0.59
6.11 TO 6.20	0.60
6.21 TO 6.30	0.61
6.31 TO 6.41	0.62
6.42 TO 6.51	0.63
6.52 TO 6.61	0.64
6.62 TO 6.71	0.65
6.72 TO 6.82	0.66
6.83 TO 7.92	0.67
6.93 TO 7.02	0.68
7.03 TO 7.12	0.69
7.13 TO 7.23	0.70
7.24 TO 7.33	0.71
7.34 TO 7.43	0.72
7.44 TO 7.53	0.73
7.54 TO 7.64	0.74
7.65 TO 7.74	0.75
7.75 TO 7.84	0.76
7.85 TO 7.94	0.77
7.95 TO 8.05	0.78
8.06 TO 8.15	0.79
8.16 TO 8.25	0.80
8.26 TO 8.35	0.81
8.36 TO 8.46	0.82
8.47 TO 8.56	0.83
8.57 TO 8.66	0.84
8.67 TO 8.76	0.85
8.77 TO 8.87	0.86
8.88 TO 8.97	0.87
8.98 TO 9.07	0.88
9.08 TO 9.17	0.89
9.18 TO 9.28	0.90
9.29 TO 9.38	0.91
9.39 TO 9.48	0.92
9.49 TO 9.58	0.93
9.59 TO 9.69	0.94
9.70 TO 9.79	0.95
9.80 TO 9.89	0.96
9.90 TO 9.99	0.97
10.00 TO 10.10	0.98

10% Tax Rate

DEPARTMENT OF REVENUE

NOTICE OF EMERGENCY AMENDMENTS

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.04	0.00
0.05 TO 0.14	0.01
0.15 TO 0.24	0.02
0.25 TO 0.34	0.03
0.35 TO 0.44	0.04
0.45 TO 0.54	0.05
0.55 TO 0.64	0.06
0.65 TO 0.74	0.07
0.75 TO 0.84	0.08
0.85 TO 0.94	0.09
0.95 TO 1.04	0.10
1.05 TO 1.14	0.11
1.15 TO 1.24	0.12
1.25 TO 1.34	0.13
1.35 TO 1.44	0.14
1.45 TO 1.54	0.15
1.55 TO 1.64	0.16
1.65 TO 1.74	0.17
1.75 TO 1.84	0.18
1.85 TO 1.94	0.19
1.95 TO 2.04	0.20
2.05 TO 2.14	0.21
2.15 TO 2.24	0.22
2.25 TO 2.34	0.23
2.35 TO 2.44	0.24
2.45 TO 2.54	0.25
2.55 TO 2.64	0.26
2.65 TO 2.74	0.27
2.75 TO 2.84	0.28
2.85 TO 2.94	0.29
2.95 TO 3.04	0.30
3.05 TO 3.14	0.31
3.15 TO 3.24	0.32
3.25 TO 3.34	0.33
3.35 TO 3.44	0.34
3.45 TO 3.54	0.35
3.55 TO 3.64	0.36
3.65 TO 3.74	0.37
3.75 TO 3.84	0.38
3.85 TO 3.94	0.39
3.95 TO 4.04	0.40
4.05 TO 4.14	0.41
4.15 TO 4.24	0.42
4.25 TO 4.34	0.43
4.35 TO 4.44	0.44

DEPARTMENT OF REVENUE

NOTICE OF EMERGENCY AMENDMENTS

4.45 TO 4.54	0.45
4.55 TO 4.64	0.46
4.65 TO 4.74	0.47
4.75 TO 4.84	0.48
4.85 TO 4.94	0.49
4.95 TO 5.04	0.50
5.05 TO 5.14	0.51
5.15 TO 5.24	0.52
5.25 TO 5.34	0.53
5.35 TO 5.44	0.54
5.45 TO 5.54	0.55
5.55 TO 5.64	0.56
5.65 TO 5.74	0.57
5.75 TO 5.84	0.58
5.85 TO 5.94	0.59
5.95 TO 6.04	0.60
6.05 TO 6.14	0.61
6.15 TO 6.24	0.62
6.25 TO 6.34	0.63
6.35 TO 6.44	0.64
6.45 TO 6.54	0.65
6.55 TO 6.64	0.66
6.65 TO 6.74	0.67
6.75 TO 6.84	0.68
6.85 TO 6.94	0.69
6.95 TO 7.04	0.70
7.05 TO 7.14	0.71
7.15 TO 7.24	0.72
7.25 TO 7.34	0.73
7.35 TO 7.44	0.74
7.45 TO 7.54	0.75
7.55 TO 7.64	0.76
7.65 TO 7.74	0.77
7.75 TO 7.84	0.78
7.85 TO 7.94	0.79
7.95 TO 8.04	0.80
8.05 TO 8.14	0.81
8.15 TO 8.24	0.82
8.25 TO 8.34	0.83
8.35 TO 8.44	0.84
8.45 TO 8.54	0.85
8.55 TO 8.64	0.86
8.65 TO 8.74	0.87
8.75 TO 8.84	0.88
8.85 TO 8.94	0.89
8.95 TO 9.04	0.90
9.05 TO 9.14	0.91
9.15 TO 9.24	0.92

DEPARTMENT OF REVENUE

NOTICE OF EMERGENCY AMENDMENTS

9.25 TO 9.34	0.93
9.35 TO 9.44	0.94
9.45 TO 9.54	0.95
9.55 TO 9.64	0.96
9.65 TO 9.74	0.97
9.75 TO 9.84	0.98
9.85 TO 9.94	0.99
9.95 TO 10.00	1.00

10 1/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.04	0.00
0.05 TO 0.14	0.01
0.15 TO 0.24	0.02
0.25 TO 0.34	0.03
0.35 TO 0.43	0.04
0.44 TO 0.53	0.05
0.54 TO 0.63	0.06
0.64 TO 0.73	0.07
0.74 TO 0.82	0.08
0.83 TO 0.92	0.09
0.93 TO 1.02	0.10
1.03 TO 1.12	0.11
1.13 TO 1.21	0.12
1.22 TO 1.31	0.13
1.32 TO 1.41	0.14
1.42 TO 1.51	0.15
1.52 TO 1.60	0.16
1.61 TO 1.70	0.17
1.71 TO 1.80	0.18
1.81 TO 1.90	0.19
1.91 TO 1.99	0.20
2.00 TO 2.09	0.21
2.10 TO 2.19	0.22
2.20 TO 2.29	0.23
2.30 TO 2.39	0.24
2.40 TO 2.48	0.25
2.49 TO 2.58	0.26
2.59 TO 2.68	0.27
2.69 TO 2.78	0.28
2.79 TO 2.87	0.29
2.88 TO 2.97	0.30
2.98 TO 3.07	0.31
3.08 TO 3.17	0.32
3.18 TO 3.26	0.33
3.27 TO 3.36	0.34

3.37 TO 3.46	0.35
3.47 TO 3.56	0.36
3.57 TO 3.65	0.37
3.66 TO 3.75	0.38
3.76 TO 3.85	0.39
3.86 TO 3.95	0.40
3.96 TO 4.04	0.41
4.05 TO 4.14	0.42
4.15 TO 4.24	0.43
4.25 TO 4.34	0.44
4.35 TO 4.43	0.45
4.44 TO 4.53	0.46
4.54 TO 4.63	0.47
4.64 TO 4.73	0.48
4.74 TO 4.82	0.49
4.83 TO 4.92	0.50
4.93 TO 5.02	0.51
5.03 TO 5.12	0.52
5.13 TO 5.21	0.53
5.22 TO 5.31	0.54
5.32 TO 5.41	0.55
5.42 TO 5.51	0.56
5.52 TO 5.60	0.57
5.61 TO 5.70	0.58
5.71 TO 5.80	0.59
5.81 TO 5.90	0.60
5.91 TO 5.99	0.61
6.00 TO 6.09	0.62
6.10 TO 6.19	0.63
6.20 TO 6.29	0.64
6.30 TO 6.39	0.65
6.40 TO 6.48	0.66
6.49 TO 6.58	0.67
6.59 TO 6.68	0.68
6.69 TO 6.78	0.69
6.79 TO 6.87	0.70
6.88 TO 6.97	0.71
6.98 TO 7.07	0.72
7.08 TO 7.17	0.73
7.18 TO 7.26	0.74
7.27 TO 7.36	0.75
7.37 TO 7.46	0.76
7.47 TO 7.56	0.77
7.57 TO 7.65	0.78
7.66 TO 7.75	0.79
7.76 TO 7.85	0.80
7.86 TO 7.95	0.81
7.96 TO 8.04	0.82

8.05 TO 8.14	0.83
8.15 TO 8.24	0.84
8.25 TO 8.34	0.85
8.35 TO 8.43	0.86
8.44 TO 8.53	0.87
8.54 TO 8.63	0.88
8.64 TO 8.73	0.89
8.74 TO 8.82	0.90
8.83 TO 8.92	0.91
8.93 TO 9.02	0.92
9.03 TO 9.12	0.93
9.13 TO 9.21	0.94
9.22 TO 9.31	0.95
9.32 TO 9.41	0.96
9.42 TO 9.51	0.97
9.52 TO 9.60	0.98
9.61 TO 9.70	0.99
9.71 TO 9.80	1.00
9.81 TO 9.90	1.01
9.91 TO 9.99	1.02
10.00 TO 10.09	1.03

10 1/2% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.04	0.00
0.05 TO 0.14	0.01
0.15 TO 0.23	0.02
0.24 TO 0.33	0.03
0.34 TO 0.42	0.04
0.43 TO 0.52	0.05
0.53 TO 0.61	0.06
0.62 TO 0.71	0.07
0.72 TO 0.80	0.08
0.81 TO 0.90	0.09
0.91 TO 0.99	0.10
1.00 TO 1.09	0.11
1.10 TO 1.19	0.12
1.20 TO 1.28	0.13
1.29 TO 1.38	0.14
1.39 TO 1.47	0.15
1.48 TO 1.57	0.16
1.58 TO 1.66	0.17
1.67 TO 1.76	0.18
1.77 TO 1.85	0.19
1.86 TO 1.95	0.20
1.96 TO 2.04	0.21

DEPARTMENT OF REVENUE

NOTICE OF EMERGENCY AMENDMENTS

2.05 TO 2.14	0.22
2.15 TO 2.23	0.23
2.24 TO 2.33	0.24
2.34 TO 2.42	0.25
2.43 TO 2.52	0.26
2.53 TO 2.61	0.27
2.62 TO 2.71	0.28
2.72 TO 2.80	0.29
2.81 TO 2.90	0.30
2.91 TO 2.99	0.31
3.00 TO 3.09	0.32
3.10 TO 3.19	0.33
3.20 TO 3.28	0.34
3.29 TO 3 38	0.35
3.39 TO 3.47	0.36
3.48 TO 3.57	0.37
3.58 TO 3.66	0.38
3.67 TO 3.76	0.39
3.77 TO 3.85	0.40
3.86 TO 3.95	0.41
3.96 TO 4.04	0.42
4.05 TO 4.14	0.43
4.15 TO 4.23	0.44
4.24 TO 4.33	0.45
4.34 TO 4.42	0.46
4.43 TO 4.52	0.47
4.53 TO 4.61	0.48
4.62 TO 4.71	0.49
4.72 TO 4.80	0.50
4.81 TO 4.90	0.51
4.91 TO 4.99	0.52
5.00 TO 5.09	0.53
5.10 TO 5.19	0.54
5.20 TO 5.28	0.55
5.29 TO 5.38	0.56
5.39 TO 5.47	0.57
5.48 TO 5.57	0.58
5.58 TO 5.66	0.59
5.67 TO 5.76	0.60
5.77 TO 5.85	0.61
5.86 TO 5.95	0.62
5.96 TO 6.04	0.63
6.05 TO 6.14	0.64
6.15 TO 6.23	0.65
6.24 TO 6.33	0.66
6.34 TO 6.42	0.67
6.43 TO 6.52	0.68
6.53 TO 6.61	0.69

DEPARTMENT OF REVENUE

NOTICE OF EMERGENCY AMENDMENTS

6.62 TO 6.71	0.70
6.72 TO 6.80	0.71
6.81 TO 6.90	0.72
6.91 TO 6.99	0.73
7.00 TO 7.09	0.74
7.10 TO 7.19	0.75
7.20 TO 7.28	0.76
7.29 TO 7.38	0.77
7.39 TO 7.47	0.78
7.48 TO 7.57	0.79
7.58 TO 7.66	0.80
7.67 TO 7.76	0.81
7.77 TO 7.85	0.82
7.86 TO 7.95	0.83
7.96 TO 8.04	0.84
8.05 TO 8.14	0.85
8.15 TO 8.23	0.86
8.24 TO 8.33	0.87
8.34 TO 8.42	0.88
8.43 TO 8.52	0.89
8.53 TO 8.61	0.90
8.62 TO 8.71	0.91
8.72 TO 8.80	0.92
8.81 TO 8.90	0.93
8.91 TO 8.99	0.94
9.00 TO 9.09	0.95
9.10 TO 9.19	0.96
9.20 TO 9.28	0.97
9.29 TO 9.38	0.98
9.39 TO 9.47	0.99
9.48 TO 9.57	1.00
9.58 TO 9.66	1.01
9.67 TO 9.76	1.02
9.77 TO 9.85	1.03
9.86 TO 9.95	1.04
9.96 TO 10.00	1.05

10 3/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.04	0.00
0.05 TO 0.13	0.01
0.14 TO 0.23	0.02
0.24 TO 0.32	0.03
0.33 TO 0.41	0.04
0.42 TO 0.51	0.05
0.52 TO 0.60	0.06

0.61 TO 0.69	0.07
0.70 TO 0.79	0.08
0.80 TO 0.88	0.09
0.89 TO 0.97	0.10
0.98 TO 1.06	0.11
1.07 TO 1.16	0.12
1.17 TO 1.25	0.13
1.26 TO 1.34	0.14
1.35 TO 1.44	0.15
1.45 TO 1.53	0.16
1.54 TO 1.62	0.17
1.63 TO 1.72	0.18
1.73 TO 1.81	0.19
1.82 TO 1.90	0.20
1.91 TO 1.99	0.21
2.00 TO 2.09	0.22
2.10 TO 2.18	0.23
2.19 TO 2.27	0.24
2.28 TO 2.37	0.25
2.38 TO 2.46	0.26
2.47 TO 2.55	0.27
2.56 TO 2.65	0.28
2.66 TO 2.74	0.29
2.75 TO 2.83	0.30
2.84 TO 2.93	0.31
2.94 TO 3.02	0.32
3.03 TO 3.11	0.33
3.12 TO 3.20	0.34
3.21 TO 3.30	0.35
3.31 TO 3.39	0.36
3.40 TO 3.48	0.37
3.49 TO 3.58	0.38
3.59 TO 3.67	0.39
3.68 TO 3.76	0.40
3.77 TO 3.86	0.41
3.87 TO 3.95	0.42
3.96 TO 4.04	0.43
4.05 TO 4.13	0.44
4.14 TO 4.23	0.45
4.24 TO 4.32	0.46
4.33 TO 4.41	0.47
4.42 TO 4.51	0.48
4.52 TO 4.60	0.49
4.61 TO 4.69	0.50
4.70 TO 4.79	0.51
4.80 TO 4.88	0.52
4.89 TO 4.97	0.53
4.98 TO 5.06	0.54

5.07 TO 5.16	0.55
5.17 TO 5.25	0.56
5.26 TO 5.34	0.57
5.35 TO 5.44	0.58
5.45 TO 5.53	0.59
5.54 TO 5.62	0.60
5.63 TO 5.72	0.61
5.73 TO 5.81	0.62
5.82 TO 5.90	0.63
5.91 TO 5.99	0.64
6.00 TO 6.09	0.65
6.10 TO 6.18	0.66
6.19 TO 6.27	0.67
6.28 TO 6.37	0.68
6.38 TO 6.46	0.69
6.47 TO 6.55	0.70
6.56 TO 6.65	0.71
6.66 TO 6.74	0.72
6.75 TO 6.83	0.73
6.84 TO 6.93	0.74
6.94 TO 7.02	0.75
7.03 TO 7.11	0.76
7.12 TO 7.20	0.77
7.21 TO 7.30	0.78
7.31 TO 7.39	0.79
7.40 TO 7.48	0.80
7.49 TO 7.58	0.81
7.59 TO 7.67	0.82
7.68 TO 7.76	0.83
7.77 TO 7.86	0.84
7.87 TO 7.95	0.85
7.96 TO 8.04	0.86
8.05 TO 8.13	0.87
8.14 TO 8.23	0.88
8.24 TO 8.32	0.89
8.33 TO 8.41	0.90
8.42 TO 8.51	0.91
8.52 TO 8.60	0.92
8.61 TO 8.69	0.93
8.70 TO 8.79	0.94
8.80 TO 8.88	0.95
8.89 TO 8.97	0.96
8.98 TO 9.06	0.97
9.07 TO 9.16	0.98
9.17 TO 9.25	0.99
9.26 TO 9.34	1.00
9.35 TO 9.44	1.01
9.45 TO 9.53	1.02

9.54 TO 9.62	1.03
9.63 TO 9.72	1.04
9.73 TO 9.81	1.05
9.82 TO 9.90	1.06
9.91 TO 9.99	1.07
10.00 TO 10.09	1.08

11% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.04	0.00
0.05 TO 0.13	0.01
0.14 TO 0.22	0.02
0.23 TO 0.31	0.03
0.32 TO 0.40	0.04
0.41 TO 0.49	0.05
0.50 TO 0.59	0.06
0.60 TO 0.68	0.07
0.69 TO 0.77	0.08
0.78 TO 0.86	0.09
0.87 TO 0.95	0.10
0.96 TO 1.04	0.11
1.05 TO 1.13	0.12
1.14 TO 1.22	0.13
1.23 TO 1.31	0.14
1.32 TO 1.40	0.15
1.41 TO 1.49	0.16
1.50 TO 1.59	0.17
1.60 TO 1.68	0.18
1.69 TO 1.77	0.19
1.78 TO 1.86	0.20
1.87 TO 1.95	0.21
1.96 TO 2.04	0.22
2.05 TO 2.13	0.23
2.14 TO 2.22	0.24
2.23 TO 2.31	0.25
2.32 TO 2.40	0.26
2.41 TO 2.49	0.27
2.50 TO 2.59	0.28
2.60 TO 2.68	0.29
2.69 TO 2.77	0.30
2.78 TO 2.86	0.31
2.87 TO 2.95	0.32
2.96 TO 3.04	0.33
3.05 TO 3.13	0.34
3.14 TO 3.22	0.35
3.23 TO 3.31	0.36

3.32 TO 3.40	0.37
3.41 TO 3.49	0.38
3.50 TO 3.59	0.39
3.60 TO 3.68	0.40
3.69 TO 3.77	0.41
3.78 TO 3.86	0.42
3.87 TO 3.95	0.43
3.96 TO 4.04	0.44
4.05 TO 4.13	0.45
4.14 TO 4.22	0.46
4.23 TO 4.31	0.47
4.32 TO 4.40	0.48
4.41 TO 4.49	0.49
4.50 TO 4.59	0.50
4.60 TO 4.68	0.51
4.69 TO 4.77	0.52
4.78 TO 4.86	0.53
4.87 TO 4.95	0.54
4.96 TO 5.04	0.55
5.05 TO 5.13	0.56
5.14 TO 5.22	0.57
5.23 TO 5.31	0.58
5.32 TO 5.40	0.59
5.41 TO 5.49	0.60
5.50 TO 5.59	0.61
5.60 TO 5.68	0.62
5.69 TO 5.77	0.63
5.78 TO 5.86	0.64
5.87 TO 5.95	0.65
5.96 TO 6.04	0.66
6.05 TO 6.13	0.67
6.14 TO 6.22	0.68
6.23 TO 6.31	0.69
6.32 TO 6.40	0.70
6.41 TO 6.49	0.71
6.50 TO 6.59	0.72
6.60 TO 6.68	0.73
6.69 TO 6.77	0.74
6.78 TO 6.86	0.75
6.87 TO 6.95	0.76
6.96 TO 7.04	0.77
7.05 TO 7.13	0.78
7.14 TO 7.22	0.79
7.23 TO 7.31	0.80
7.32 TO 7.40	0.81
7.41 TO 7.49	0.82
7.50 TO 7.59	0.83
7.60 TO 7.68	0.84

7.69 TO 7.77	0.85
7.78 TO 7.86	0.86
7.87 TO 7.95	0.87
7.96 TO 8.04	0.88
8.05 TO 8.13	0.89
8.14 TO 8.22	0.90
8.23 TO 8.31	0.91
8.32 TO 8.40	0.92
8.41 TO 8.49	0.93
8.50 TO 8.59	0.94
8.60 TO 8.68	0.95
8.69 TO 8.77	0.96
8.78 TO 8.86	0.97
8.87 TO 8.95	0.98
8.96 TO 9.04	0.99
9.05 TO 9.13	1.00
9.14 TO 9.22	1.01
9.23 TO 9.31	1.02
9.32 TO 9.40	1.03
9.41 TO 9.49	1 04
9.50 TO 9.59	1.05
9.60 TO 9.68	1.06
9.69 TO 9.77	1.07
9.78 TO 9.86	1.08
9.87 TO 9.95	1.09
9.96 TO 10.00	1.10

11 1/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.04	0.00
0.05 TO 0.13	0.01
0.14 TO 0.22	0.02
0.23 TO 0.31	0.03
0.32 TO 0.39	0.04
0.40 TO 0.48	0.05
0.49 TO 0.57	0.06
0.58 TO 0.66	0.07
0.67 TO 0.75	0.08
0.76 TO 0.84	0.09
0.85 TO 0.93	0.10
0.94 TO 1.02	0.11
1.03 TO 1.11	0.12
1.12 TO 1.19	0.13
1.20 TO 1.28	0.14
1.29 TO 1.37	0.15
1.38 TO 1.46	0.16

1.47 TO 1.55	0.17
1.56 TO 1.64	0.18
1.65 TO 1.73	0.19
1.74 TO 1.82	0.20
1.83 TO 1.91	0.21
1.92 TO 1.99	0.22
2.00 TO 2.08	0.23
2.09 TO 2.17	0.24
2.18 TO 2.26	0.25
2.27 TO 2.35	0.26
2.36 TO 2.44	0.27
2.45 TO 2.53	0.28
2.54 TO 2.62	0.29
2.63 TO 2.71	0.30
2.72 TO 2.79	0.31
2.80 TO 2.88	0.32
2.89 TO 2.97	0.33
2.98 TO 3.06	0.34
3.07 TO 3.15	0.35
3.16 TO 3.24	0.36
3.25 TO 3.33	0.37
3.34 TO 3.42	0.38
3.43 TO 3.51	0.39
3.52 TO 3.59	0.40
3.60 TO 3.68	0.41
3.69 TO 3.77	0.42
3.78 TO 3.86	0.43
3.87 TO 3.95	0.44
3.96 TO 4.04	0.45
4.05 TO 4.13	0.46
4.14 TO 4.22	0.47
4.23 TO 4.31	0.48
4.32 TO 4.39	0.49
4.40 TO 4.48	0.50
4.49 TO 4.57	0.51
4.58 TO 4.66	0.52
4.67 TO 4.75	0.53
4.76 TO 4.84	0.54
4.85 TO 4.93	0.55
4.94 TO 5.02	0.56
5.03 TO 5.11	0.57
5.12 TO 5.19	0.58
5.20 TO 5.28	0.59
5.29 TO 5.37	0.60
5.38 TO 5.46	0.61
5.47 TO 5.55	0.62
5.56 TO 5.64	0.63
5.65 TO 5.73	0.64

5.74 TO 5.82	0.65
5.83 TO 5.91	0.66
5.92 TO 5.99	0.67
6.00 TO 6.08	0.68
6.09 TO 6.17	0.69
6.18 TO 6.26	0.70
6.27 TO 6.35	0.71
6.36 TO 6.44	0.72
6.45 TO 6.53	0.73
6.54 TO 6.62	0.74
6.63 TO 6.71	0.75
6.72 TO 6.79	0.76
6.80 TO 6.88	0.77
6.89 TO 6.97	0.78
6.98 TO 7.06	0.79
7.07 TO 7.15	0.80
7.16 TO 7.24	0.81
7.25 TO 7.33	0.82
7.34 TO 7.42	0.83
7.43 TO 7.51	0.84
7.52 TO 7.59	0.85
7.60 TO 7.68	0.86
7.69 TO 7.77	0.87
7.78 TO 7.86	0.88
7.87 TO 7.95	0.89
7.96 TO 8.04	0.90
8.05 TO 8.13	0.91
8.14 TO 8.22	0.92
8.23 TO 8.31	0.93
8.32 TO 8.39	0.94
8.40 TO 8.48	0.95
8.49 TO 8.57	0.96
8.58 TO 8.66	0.97
8.67 TO 8.75	0.98
8.76 TO 8.84	0.99
8.85 TO 8.93	1.00
8.94 TO 9.02	1.01
9.03 TO 9.11	1.02
9.12 TO 9.19	1.03
9.20 TO 9.28	1.04
9.29 TO 9.37	1.05
9.38 TO 9.46	1.06
9.47 TO 9.55	1.07
9.56 TO 9.64	1.08
9.65 TO 9.73	1.09
9.74 TO 9.82	1.10
9.83 TO 9.91	1.11
9.90 TO 9.99	1.12

10.00 TO 10.08	1.13

11 1/2% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.04	0.00
0.05 TO 0.13	0.01
0.14 TO 0.21	0.02
0.22 TO 0.30	0.03
0.31 TO 0.39	0.04
0.40 TO 0.47	0.05
0.48 TO 0.56	0.06
0.57 TO 0.65	0.07
0.66 TO 0.73	0.08
0.74 TO 0.82	0.09
0.83 TO 0.91	0.10
0.92 TO 0.99	0.11
1.00 TO 1.08	0.12
1.09 TO 1.17	0.13
1.18 TO 1.26	0.14
1.27 TO 1.34	0.15
1.35 TO 1.43	0.16
1.44 TO 1.52	0.17
1.53 TO 1.60	0.18
1.61 TO 1.69	0.19
1.70 TO 1.78	0.20
1.79 TO 1.86	0.21
1.87 TO 1.95	0.22
1.96 TO 2.04	0.23
2.05 TO 2.13	0.24
2.14 TO 2.21	0.25
2.22 TO 2.30	0.26
2.31 TO 2.39	0.27
2.40 TO 2.47	0.28
2.48 TO 2.56	0.29
2.57 TO 2.65	0.30
2.66 TO 2.73	0.31
2.74 TO 2.82	0.32
2.83 TO 2.91	0.33
2.92 TO 2.99	0.34
3.00 TO 3.08	0.35
3.09 TO 3.17	0.36
3.18 TO 3.26	0.37
3.27 TO 3.34	0.38
3.35 TO 3.43	0.39
3.44 TO 3.52	0.40
3.53 TO 3.60	0.41

DEPARTMENT OF REVENUE

NOTICE OF EMERGENCY AMENDMENTS

3.61 TO 3.69	0.42
3.70 TO 3.78	0.43
3.79 TO 3.86	0.44
3.87 TO 3.95	0.45
3.96 TO 4.04	0.46
4.05 TO 4.13	0.47
4.14 TO 4.21	0.48
4.22 TO 4.30	0.49
4.31 TO 4.39	0.50
4.40 TO 4.47	0.51
4.48 TO 4.56	0.52
4.57 TO 4.65	0.53
4.66 TO 4.73	0.54
4.74 TO 4.82	0.55
4.83 TO 4.91	0.56
4.92 TO 4.99	0.57
5.00 TO 5.08	0.58
5.09 TO 5.17	0.59
5.18 TO 5.26	0.60
5.27 TO 5.34	0.61
5.35 TO 5.43	0.62
5.44 TO 5.52	0.63
5.53 TO 5.60	0.64
5.61 TO 5.69	0.65
5.70 TO 5.78	0.66
5.79 TO 5.86	0.67
5.87 TO 5.95	0.68
5.96 TO 6.04	0.69
6.05 TO 6.13	0.70
6.14 TO 6.21	0.71
6.22 TO 6.30	0.72
6.31 TO 6.39	0.73
6.40 TO 6.47	0.74
6.48 TO 6.56	0.75
6.57 TO 6.65	0.76
6.66 TO 6.73	0.77
6.74 TO 6.82	0.78
6.83 TO 6.91	0.79
6.92 TO 6.99	0.80
7.00 TO 7.08	0.81
7.09 TO 7.17	0.82
7.18 TO 7.26	0.83
7.27 TO 7.34	0.84
7.35 TO 7.43	0.85
7.44 TO 7.52	0.86
7.53 TO 7.60	0.87
7.61 TO 7.69	0.88
7.70 TO 7.78	0.89

DEPARTMENT OF REVENUE

NOTICE OF EMERGENCY AMENDMENTS

7.79 TO 7.86	0.90
7.87 TO 7.95	0.91
7.96 TO 8.04	0.92
8.05 TO 8.13	0.93
8.14 TO 8.21	0.94
8.22 TO 8.30	0.95
8.31 TO 8.39	0.96
8.40 TO 8.47	0.97
8.48 TO 8.56	0.98
8.57 TO 8.65	0.99
8.66 TO 8.73	1.00
8.74 TO 8.82	1.01
8.83 TO 8.91	1.02
8.92 TO 8.99	1.03
9.00 TO 9.08	1.04
9.09 TO 9.17	1.05
9.18 TO 9.26	1.06
9.27 TO 9.34	1.07
9.35 TO 9.43	1.08
9.44 TO 9.52	1.09
9.53 TO 9.60	1.10
9.61 TO 9.69	1.11
9.70 TO 9.78	1.12
9.79 TO 9.86	1.13
9.87 TO 9.95	1.14
9.96 TO 10.00	1.15

11 3/4% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.04	0.00
0.05 TO 0.12	0.01
0.13 TO 0.21	0.02
0.22 TO 0.29	0.03
0.30 TO 0.38	0.04
0.39 TO 0.46	0.05
0.47 TO 0.55	0.06
0.56 TO 0.63	0.07
0.64 TO 0.72	0.08
0.73 TO 0.80	0.09
0.81 TO 0.89	0.10
0.90 TO 0.97	0.11
0.98 TO 1.06	0.12
1.07 TO 1.14	0.13
1.15 TO 1.23	0.14
1.24 TO 1.31	0.15
1.32 TO 1.40	0.16

DEPARTMENT OF REVENUE

NOTICE OF EMERGENCY AMENDMENTS

1.41 TO 1.48	0.17
1.49 TO 1.57	0.18
1.58 TO 1.65	0.19
1.66 TO 1.74	0.20
1.75 TO 1.82	0.21
1.83 TO 1.91	0.22
1.92 TO 1.99	0.23
2.00 TO 2.08	0.24
2.09 TO 2.17	0.25
2.18 TO 2.25	0.26
2.26 TO 2.34	0.27
2.35 TO 2.42	0.28
2.43 TO 2.51	0.29
2.52 TO 2.59	0.30
2.60 TO 2.68	0.31
2.69 TO 2.76	0.32
2.77 TO 2.85	0.33
2.86 TO 2.93	0.34
2.94 TO 3.02	0.35
3.03 TO 3.10	0.36
3.11 TO 3.19	0.37
3.20 TO 3.27	0.38
3.28 TO 3.36	0.39
3.37 TO 3.44	0.40
3.45 TO 3.53	0.41
3.54 TO 3.61	0.42
3.62 TO 3.70	0.43
3.71 TO 3.78	0.44
3.79 TO 3.87	0.45
3.88 TO 3.95	0.46
3.96 TO 4.04	0.47
4.05 TO 4.12	0.48
4.13 TO 4.21	0.49
4.22 TO 4.29	0.50
4.30 TO 4.38	0.51
4.39 TO 4.46	0.52
4.47 TO 4.55	0.53
4.56 TO 4.63	0.54
4.64 TO 4.72	0.55
4.73 TO 4.80	0.56
4.81 TO 4.89	0.57
4.90 TO 4.97	0.58
4.98 TO 5.06	0.59
5.07 TO 5.14	0.60
5.15 TO 5.23	0.61
5.24 TO 5.31	0.62
5.32 TO 5.40	0.63
5.41 TO 5.48	0.64

DEPARTMENT OF REVENUE

NOTICE OF EMERGENCY AMENDMENTS

5.49 TO 5.57	0.65
5.58 TO 5.65	0.66
5.66 TO 5.74	0.67
5.75 TO 5.82	0.68
5.83 TO 5.91	0.69
5.92 TO 5.99	0.70
6.00 TO 6.08	0.71
6.09 TO 6.17	0.72
6.18 TO 6.25	0.73
6.26 TO 6.34	0.74
6.35 TO 6.42	0.75
6.43 TO 6.51	0.76
6.52 TO 6.59	0.77
6.60 TO 6.68	0.78
6.69 TO 6.76	0.79
6.77 TO 6.85	0.80
6.86 TO 6.93	0.81
6.94 TO 7.02	0.82
7.03 TO 7.10	0.83
7.11 TO 7.19	0.84
7.20 TO 7.27	0.85
7.28 TO 7.36	0.86
7.37 TO 7.44	0.87
7.45 TO 7.53	0.88
7.54 TO 7.61	0.89
7.62 TO 7.70	0.90
7.71 TO 7.78	0.91
7.79 TO 7.87	0.92
7.88 TO 7.95	0.93
7.96 TO 8.04	0.94
8.05 TO 8.12	0.95
8.13 TO 8.21	0.96
8.22 TO 8.29	0.97
8.30 TO 8.38	0.98
8.39 TO 8.46	0.99
8.47 TO 8.55	1.00
8.56 TO 8.63	1.01
8.64 TO 8.72	1.02
8.73 TO 8.80	1.03
8.81 TO 8.89	1.04
8.90 TO 8.97	1.05
8.98 TO 9.06	1.06
9.07 TO 9.14	1.07
9.15 TO 9.23	1.08
9.24 TO 9.31	1.09
9.32 TO 9.40	1.10
9.41 TO 9.48	1.11
9.49 TO 9.57	1.12

DEPARTMENT OF REVENUE

NOTICE OF EMERGENCY AMENDMENTS

9.58 TO 9.65	1.13
9.66 TO 9.74	1.14
9.75 TO 9.82	1.15
9.83 TO 9.91	1.16
9.92 TO 9.99	1.17
10.00 TO 10.08	1.18

12% Tax Rate

IF TRANSACTION IS:	TAX IS:
0.00 TO 0.04	0.00
0.05 TO 0.12	0.01
0.13 TO 0.20	0.02
0.21 TO 0.29	0.03
0.30 TO 0.37	0.04
0.38 TO 0.45	0.05
0.46 TO 0.54	0.06
0.55 TO 0.62	0.07
0.63 TO 0.70	0.08
0.71 TO 0.79	0.09
0.80 TO 0.87	0.10
0.88 TO 0.95	0.11
0.96 TO 1.04	0.12
1.05 TO 1.12	0.13
1.13 TO 1.20	0.14
1.21 TO 1.29	0.15
1.30 TO 1.37	0.16
1.38 TO 1.45	0.17
1.46 TO 1.54	0.18
1.55 TO 1.62	0.19
1.63 TO 1.70	0.20
1.71 TO 1.79	0.21
1.80 TO 1.87	0.22
1.88 TO 1.95	0.23
1.96 TO 2.04	0.24
2.05 TO 2.12	0.25
2.13 TO 2.20	0.26
2.21 TO 2.29	0.27
2.30 TO 2.37	0.28
2.38 TO 2.45	0.29
2.46 TO 2.54	0.30
2.55 TO 2.62	0.31
2.63 TO 2.70	0.32
2.71 TO 2.79	0.33
2.80 TO 2.87	0.34
2.88 TO 2.95	0.35
2.96 TO 3.04	0.36

DEPARTMENT OF REVENUE

NOTICE OF EMERGENCY AMENDMENTS

3.05 TO 3.12	0.37
3.13 TO 3.20	0.38
3.21 TO 3.29	0.39
3.30 TO 3.37	0.40
3.38 TO 3.45	0.41
3.46 TO 3.54	0.42
3.55 TO 3.62	0.43
3.63 TO 3.70	0.44
3.71 TO 3.79	0.45
3.80 TO 3.87	0.46
3.88 TO 3.95	0.47
3.96 TO 4.04	0.48
4.05 TO 4.12	0.49
4.13 TO 4.20	0.50
4.21 TO 4.29	0.51
4.30 TO 4.37	0.52
4.38 TO 4.45	0.53
4.46 TO 4.54	0.54
4.55 TO 4.62	0.55
4.63 TO 4.70	0.56
4.71 TO 4.79	0.57
4.80 TO 4.87	0.58
4.88 TO 4.95	0.59
4.96 TO 5.04	0.60
5.05 TO 5.12	0.61
5.13 TO 5.20	0.62
5.21 TO 5.29	0.63
5.30 TO 5.37	0.64
5.38 TO 5.45	0.65
5.46 TO 5.54	0.66
5.55 TO 5.62	0.67
5.63 TO 5.70	0.68
5.71 TO 5.79	0.69
5.80 TO 5.87	0.70
5.88 TO 5.95	0.71
5.96 TO 6.04	0.72
6.05 TO 6.12	0.73
6.13 TO 6.20	0.74
6.21 TO 6.29	0.75
6.30 TO 6.37	0.76
6.38 TO 6.45	0.77
6.46 TO 6.54	0.78
6.55 TO 6.62	0.79
6.63 TO 6.70	0.80
6.71 TO 6.79	0.81
6.80 TO 6.87	0.82
6.88 TO 6.95	0.83
6.96 TO 7.04	0.84

DEPARTMENT OF REVENUE

NOTICE OF EMERGENCY AMENDMENTS

7.05 TO 7.12	0.85
7.13 TO 7.20	0.86
7.21 TO 7.29	0.87
7.30 TO 7.37	0.88
7.38 TO 7.45	0.89
7.46 TO 7.54	0.90
7.55 TO 7.62	0.91
7.63 TO 7.70	0.92
7.71 TO 7.79	0.93
7.80 TO 7.87	0.94
7.88 TO 7.95	0.95
7.96 TO 8.04	0.96
8.05 TO 8.12	0.97
8.13 TO 8.20	0.98
8.21 TO 8.29	0.99
8.30 TO 8.37	1.00
8.38 TO 8.45	1.01
8.46 TO 8.54	1.02
8.55 TO 8.62	1.03
8.63 TO 8.70	1.04
8.71 TO 8.79	1.05
8.80 TO 8.87	1.06
8.88 TO 8.95	1.07
8.96 TO 9.04	1.08
9.05 TO 9.12	1.09
9.13 TO 9.20	1.10
9.21 TO 9.29	1.11
9.30 TO 9.37	1.12
9.38 TO 9.45	1.13
9.46 TO 9.54	1.14
9.55 TO 9.62	1.15
9.63 TO 9.70	1.16
9.71 TO 9.79	1.17
9.80 TO 9.87	1.18
9.88 TO 9.95	1.19
9.96 TO 10.00	1.20

(Source: Emergency amendment at 16 Ill. Reg. 14889, effective September 9, 1992, for a maximum of 150 days.)

DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

1) Heading of the Part: Grants

2) Code Citation: 59 Ill. Adm. Code 103

3) Register Citation to Notice of Proposed Amendments: 16 Ill. Reg. 14078; September 18, 1992

4) Date, Time and Location of Public Hearing:

October 20, 1992
10:00 a.m.
Room D-1
William Stratton Building
401 South Spring Street
Springfield, Illinois 62765

5) Other Pertinent Information:

This hearing is being held to assist in clarifying and resolving any issues that may arise during the first notice period. Persons interested in presenting testimony at this hearing are advised that the Department will adhere to the following procedures in the conduct of the hearing:

1. Each person presenting oral testimony is encouraged to provide the hearing officer with a typed copy of such testimony at the time the testimony is presented.

2. Persons presenting testimony will be limited to 20 minutes for the presentation.

3. No person will be recognized to speak for a second time until all persons wishing to testify have done so. All testimony shall conclude at the specific times except that an individual in the midst of presenting testimony shall be allowed to complete the testimony.

4. In order to provide for a balanced presentation of views and to facilitate the orderly conduct of the hearing, the hearing officer may impose such other rules of procedure, including the order of call of witnesses, as deemed necessary.

DEPARTMENT OF MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

5. Those persons who wish to testify should notify the following person of their intention to do so by October 15:

Karl Menninger, II
Chief, Bureau of Rules, Policies & Regulatory Review
Department of Mental Health and Developmental Disabilities
402 Stratton Building
Springfield, Illinois 62765
217/782-0054

6. Those persons wishing to submit written comments only should send them to:

Judith Hollenberg
Rules Administrator
Department of Mental Health and Developmental Disabilities
402 Stratton Building
Springfield, Illinois 62765
217/785-3313

DEPARTMENT OF PUBLIC AID

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

1) Heading of the Part: Medical Payment

2) Code Citation: 89 Ill. Adm. Code 140

3) Register Citation to Notice of Proposed Amendments: August 28, 1992 (16 Ill. Reg. 13211)

4) Date, Time and Location of Public Hearing:

Wednesday, September 30, 1992
10:00 A.M. to 11:30 A.M.
Third Floor Conference Room
Prescott E. Bloom Building
201 South Grand Avenue East
Springfield, Illinois

5) Other Pertinent Information:

The Department is scheduling this public hearing in response to a request from the Illinois Health Care Association. The public hearing will be for the sole purpose of gathering public comment on the proposed amendments to Section 140.538. These amendments, which are currently in effect on an emergency basis, update the Public Act number from 87-13 to 87-861, to accurately reference the revised Medicaid assessment program which is effective for Fiscal Year 1993. The amendments continue the provision which states that assessment payments are not considered allowable costs for future rate calculations.

Persons interested in presenting testimony are advised that the Department will adhere to the following procedures in the conduct of the hearing.

1. Each person presenting oral testimony shall provide to the hearing officer a written (preferably typed) copy of such testimony at the time the oral testimony is presented. No oral testimony will be accepted without a written copy of the testimony being provided.

2. Each person presenting oral testimony will be limited to fifteen minutes for the presentation of such testimony.

3. No person will be recognized to speak for a second time until all persons wishing to testify have done so.

4. All testimony shall conclude at the specified time except that an individual presenting testimony at that time shall be allowed to complete the presentation.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of September 9, 1992 through September 15, 1992, and have been scheduled for review by the Committee at its October 13, 1992 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rule should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Office Bldg., Springfield, IL 62706.

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
10/23/92	Board of Higher Education, Americans With Disabilities Act Grievance Procedure (4 Ill Adm Code 975)	7/24/92 16 Ill Reg 11709	10/13/92
10/26/92	Department of Central Management Services, Merit and Fitness (80 Ill Adm Code 302)	7/17/92 16 Ill Reg 11390	10/13/92
10/26/92	Department of Commerce and Community Affairs, Industrial Training Program (56 Ill Adm Code 2650)	6/19/92 16 Ill Reg 9202	10/13/92
10/26/92	Department of Commerce and Community Affairs, State Administration of the Federal Community Development Block Grant Program for Small Cities (47 Ill Adm Code 110)	5/8/92 16 Ill Reg 7141	10/13/92

PROCLAMATION

92-383
CHAMBER OF COMMERCE WEEK

Whereas, chambers of commerce have contributed to the civic and economic life in Illinois for 154 years, since the Galena Chamber of Commerce was founded in 1838; and

Whereas, chambers of commerce work with the business community to advance the civic, economic, industrial, professional, and cultural welfare of our state; and

Whereas, chambers of commerce encourage the growth of existing industries and businesses and encourage new firms and individuals to locate in Illinois, acting as a liaison between the State of Illinois, local governments, and the business community; and

Whereas, our state is home to international chambers of commerce, the central region office of the U.S. Chamber of Commerce, the Illinois State Chamber of Commerce, and more than 300 local chambers of commerce; and

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 20-26, 1992, as CHAMBER OF COMMERCE WEEK in Illinois.

Issued by the Governor September 1, 1992.

Filed with the Secretary of State September 10, 1992.

92-384
WOMEN'S BUSINESS DEVELOPMENT DAY

Whereas, the Women's Business Development Center (WBDC) will hold the 6th annual Entrepreneurial Woman's Conference and 4th annual Women's Business and Buyers' Mart September 17; and

Whereas, with the theme, "Survival in the Nineties," the conference seeks to advance the mission of the WBDC, which is the empowerment of women through business ownership; and

Whereas, the highlights of this event include the Women's Forum Luncheon featuring nationally known, successful women entrepreneurs; the Business and Buyers' Mart, which offers women the opportunity to market their businesses to corporate and government buyers; and workshops focusing on current entrepreneurial issues; and

Whereas, during its six years of existence, the WBDC has provided help to women business owners in many areas including management, marketing, legal and financial, and corporate and government contracting opportunities and certification;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 17, 1992, as WOMEN'S BUSINESS DEVELOPMENT DAY in Illinois in conjunction with the WBDC's annual conference and in recognition of its continued service to women business owners.

Issued by the Governor September 1, 1992.

File with the Secretary of State September 10, 1992.

92-385
HEAD INJURY AWARENESS MONTH

Whereas, each year more than 70,000 people, usually between the ages of 14 and 34, sustain serious head injuries that physically disable and intellectually impair them for the rest of their lives; and

Whereas, the National Head Injury Foundation was established in 1980 and exists today as a strong advocate for people with head injuries, their families, and their doctors. The foundation continues to grow, with 32 chartered state associations and 31 local support groups in Illinois; and

Whereas, the Illinois Head Injury Association was established in 1983 and strives to increase public awareness, promote advocacy, develop support systems, encourage appropriate rehabilitation programs and services, and distribute current information and research data on head injuries; and

Whereas, the combined efforts of the Illinois Head Injury Association and other safety groups to encourage the prevention of head injuries by wearing seat belts or using air bags culminated in the Seat Belt Law of 1985 and the Registry Bill for Head and Spinal Cord Injury of 1989;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 1992 as HEAD INJURY AWARENESS MONTH in Illinois.

Issued by the Governor September 2, 1992.

Filed with the Secretary of State September 10, 1992.

92-386
HEALTH INFORMATION MANAGEMENT WEEK

Whereas, the Illinois Health Information Management Association was established in 1953 and has more than 1,700 active members in our state; and

Whereas, the association is an affiliate of the American Health Information Management Association and strives to further the common interest of health information managers throughout the state; and

Whereas, association members keep abreast of important, current trends and issues in the health care field and take an active role in the protection of patient rights; and

Whereas, the mission of the association is to ensure the integrity of health data and to promote quality patient care through education and innovation in the management of health information;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 27-October 3, 1992, as HEALTH INFORMATION MANAGEMENT WEEK in Illinois to increase citizens' awareness of this important facet of medical science.

Issued by the Governor September 4, 1992.

Filed with the Secretary of State September 10, 1992.

ACTION CODES

A - Adopted Rule
AR - Adopted Repealer
C - Notice of Corrections
CC - Codification Changes
E - Emergency Rule
ER - Emergency Repealer
M - Modification to meet JCAR objections
O - JCAR Statement of Objections
RQ - Request for Correction
EC - Expedited Corrections
P - Proposed Rule
PF - Prohibited Filing Order by JCAR*
PP - Peremptory or Court Ordered Rules
PR - Proposed Repealer
R - Refusal to meet JCAR Objection
RC - Statement of Recommendation
S - Suspension ordered by JCAR
W - Withdrawal to meet JCAR Objections

*Joint Committee on Administrative Rules

ALL RULES ARE LISTED BY PART NUMBER AND HEADING ONLY. (FOR ACTION ON SPECIFIC SECTIONS, PLEASE REFER TO THE SECTIONS AFFECTED INDEX.) IF THERE ARE ANY QUESTIONS, PLEASE CONTACT THE ADMINISTRATIVE CODE DIVISION AT (217) 782-9786.

ABANDONED MINED LANDS RECLAMATION COUNCIL
62 Ill. Adm. Code 2501 Abandoned Mined Lands Reclamation (P-2719; A-8345) (E-2897)(P-11363) (P-14335/91; A-11403) (E-11625)
4 Ill. Adm. Code 1000 Americans With Disabilities Act Grievance Procedure (P-12799)

AGING, DEPARTMENT ON
89 Ill. Adm. Code 240 Community Care Program (E-17398/91; S-1744; W-2955; M-2943) (P-17007/91; PF-1744; M-2930; A-11731) (E-2630) (E-2901) (E-4069;RC-6898) (P-4087; C-5083; A-14565) (P-12251; C-13662) (E-12615)
89 Ill. Adm. Code 230 Older Americans Act Programs (P-3605)

AGRICULTURE, DEPARTMENT OF
8 Ill. Adm. Code 1 Administrative Rules (Formal Administrative Proceedings; Contested Cases; Petitions; Declaratory Rulings; Public Disclosure) (P-8631)
4 Ill. Adm. Code 550 Americans With Disabilities Act Grievance Procedure (P-5097; A-11744)
8 Ill. Adm. Code 30 Animal Control Act (P-3618; A-11751)
8 Ill. Adm. Code 110 Animal Diagnostic Laboratory Act (P-3624; A-11416)
8 Ill. Adm. Code 200 Commercial Feed Act (P-9169)
8 Ill. Adm. Code 85 Diseased Animals (P-3635; A-11756)
8 Ill. Adm. Code 305 Governor's Agricultural Heritage Award (P-7949; A-13788)
8 Ill. Adm. Code 55 Hatcheries, Poultry Flocks, & Produce Thereof (P-3646; A-11766)
8 Ill. Adm. Code 90 Ill. Dead Animal Disposal Act (P-3653; A-11773)
8 Ill. Adm. Code 115 Ill. Pseudorabies Control Act (P-3661; A-11781)

AGRICULTURE, DEPARTMENT OF (CONT'D)
8 Ill. Adm. Code 40 Livestock Auction Markets (P-3673; A-11793)
8 Ill. Adm. Code 125 Meat & Poultry Inspection Act (PP-1899) (P-1921; A-8349) (PP-11687) (PP-11963) (PP-12234)
2 Ill. Adm. Code 700 Organizational Chart, Description, Rulemaking Procedure, & Programs (A-3893)
8 Ill. Adm. Code 235 Seed Arbitration (P-2969; A-8361)
8 Ill. Adm. Code 211 Soil Amendments (P-7955; A-13794)
8 Ill. Adm. Code 580 Specialty Farm Product Buyers Act (P-8671)
8 Ill. Adm. Code 5 Standardization of Agriculture Products (P-3231; A-8364)
8 Ill. Adm. Code 105 Swine Disease Control & Eradication Act (P-3680; A-11799)

ALCOHOLISM AND SUBSTANCE ABUSE, DEPARTMENT OF
4 Ill. Adm. Code 500 Americans With Disabilities Act Grievance Procedure (P-2721; A-11426)
77 Ill. Adm. Code 2031 Award Criteria & Procedure (P-9149/91; AR-2455)
77 Ill. Adm. Code 2030 Award & Monitoring of Funds (P-9083/91; A-2457)
77 Ill. Adm. Code 2056 Driving Under the Influence Programs (P-4567)
77 Ill. Adm. Code 2030 Fiscal & Programmatic Requirements (P-9153/91; AR-2530)
77 Ill. Adm. Code 2090 Subacute Alcoholism & Substance Abuse Treatment Services (P-5104; A-11807)
77 Ill. Adm. Code 2032 Suspension & Termination of Financial Assistance (P-9218; AR-2533)
77 Ill. Adm. Code 2080 Triplicate prescription Control Program (P-11367)

APPELLATE PROSECUTOR, STATE'S ATTORNEYS
2 Ill. Adm. Code 351 Freedom of Information (A-13229)

ATTORNEY GENERAL
4 Ill. Adm. Code 125 Americans With Disabilities Act Grievance Procedure (P-2283)

BANKS AND TRUST COMPANIES, COMMISSIONER OF
38 Ill. Adm. Code 307 Acquisition of Former Main Banking Premises or Branches of Eligible Depository Institutions (P-5391; A-12416)
38 Ill. Adm. Code 354 Administration of Assets Obtained in Collection of a Debt (P-5395; A-12420)
4 Ill. Adm. Code 375 Americans With Disabilities Act Grievance Procedure (P-4125)
38 Ill. Adm. Code 310 Electronic Fund Transfers (P-10125) (E-10353; RC-12643)

CAPITAL DEVELOPMENT BOARD
71 Ill. Adm. Code 110 Americans With Disabilities Act Grievance Procedure (P-3689; A-11432)
44 Ill. Adm. Code 950 Prequalification & Suspension of Contractors (P-3695; A-12424)
2 Ill. Adm. Code 1650 Rules of the Capital Development Board (A-13237)

CARNIVAL-AMUSEMENT SAFETY BOARD
56 Ill. Adm. Code 6000 Carnival & Amusement Ride Inspection Law (P-5399; A-12436) (P-7543) (E-7716)

CENTRAL MANAGEMENT SERVICES, DEPARTMENT OF
44 Ill. Adm. Code 5000 Acquisition, Management & Disposal of Real Property (P-11378)
4 Ill. Adm. Code 450 Americans With Disabilities Act Grievance Procedure (P-2292; A-8944)
80 Ill. Adm. Code 303 Conditions of Employment (P-327; A-8368)

CENTRAL MANAGEMENT SERVICES, DEPARTMENT OF (CONT'D)
89 Ill. Adm. Code 1300 Day Care (P-5141/91; A-4819)
80 Ill. Adm. Code 304 General Provisions (P-334; RC-10499)
80 Ill. Adm. Code 302 Merit & Fitness (P-336; A-8375) (P-8675; A-13489) (P-11390) (E-11645; O-13371)
44 Ill. Adm. Code 5010 Marking, Inventory, Transfer & Disposal of State-Owned Personal Property (P-10127)
80 Ill. Adm. Code 310 Pay Plan (E-711) (P-12051/91; A-3450) (PP-5068; RC-6899)(P-6521) (E-6888) (PP-7056) (E-8239) (P-342; A-8382) (P-13179) (P-13679) (E-13950) (P-14001) (E-14452)
44 Ill. Adm. Code 5030 Personal Use of State Telephones (P-18013/91; A-4826)
80 Ill. Adm. Code 2650 Solicitation for Charitable Payroll Deductions (P-3235; A-11438)
44 Ill. Adm. Code 1 Standard Procurement (P-12808) (E-13118)
80 Ill. Adm. Code 2110 State of Ill. Dependent Care Assistance Plan (P-12064/91; A-13801)
80 Ill. Adm. Code 2120 State of Ill. Medical Care Assistance Plan (P-12074/91; A-13811)
80 Ill. Adm. Code 2800 Travel (P-15199/91; A-4831) (P-7079; A-13823)

CHILDREN AND FAMILY SERVICES, DEPARTMENT OF
89 Ill. Adm. Code 304 Access to & Eligibility for Child Welfare Services (P-7545)
89 Ill. Adm. Code 336 Appeal of Child Abuse & Neglect Investigation Findings (P-7963)
89 Ill. Adm. Code 305 Client Service Planning (P-5403) (A-12772)
89 Ill. Adm. Code 377 Facilities & Programs Exempt from Licensure (P-7553)
89 Ill. Adm. Code 352 Financial Responsibility of Parents or Guardians of the Estates of Children (P-13229/91; A-3924)
89 Ill. Adm. Code 407 Licensing Standards for Day Care Centers (P-14729/92; A-7597)
89 Ill. Adm. Code 406 Licensing Standards for Day Care Homes (E-14734/91; M-2269)(P-14734/91; A-7602)
89 Ill. Adm. Code 402 Licensing Standards for Foster Family Homes (P-11707) (E-11879)
89 Ill. Adm. Code 408 Licensing Standards for Group Day Care Homes (P-14764/91; A-8950)
89 Ill. Adm. Code 378 Multiple Licensure (PR-7561)
89 Ill. Adm. Code 335 Relative Home Placement (P-8415/91; A-7633) (P-12254)
89 Ill. Adm. Code 309 Review & Appeal Process (PR-7982)
89 Ill. Adm. Code 337 Service Appeal Process (P-7999)
89 Ill. Adm. Code 302 Services Delivered by the Department (P-7565) (P-11979)

COMMERCE AND COMMUNITY AFFAIRS, DEPARTMENT OF
4 Ill. Adm. Code 575 Americans With Disabilities Act Grievance Procedure (P-7083; A-14621)
14 Ill. Adm. Code 526 County Economic Development Project Area Property Tax Allocation Financing (P-6524)
56 Ill. Adm. Code 2625 Economic Dislocation & Worker Adjustment Assistance (P-5124)
56 Ill. Adm. Code 2620 Employment & Training Assistance for Dislocated Workers (PR-12964/91; AR-6175)
14 Ill. Adm. Code 520 Enterprise Zone Program (P-9787/91; A-89) (P-13691)
47 Ill. Adm. Code 140 Ill. Clean & Beautiful Program (PR-13241/91; AR-2120)
56 Ill. Adm. Code 2650 Industrial Training Program (P-9202)
14 Ill. Adm. Code 550 Local Tourism & Convention Bureau Program (P-10249/91; A-3464)(P-7090; A-14628)
47 Ill. Adm. Code 100 Low Income Home Energy Assistance Program (P-14337/91; A-3940)
56 Ill. Adm. Code 2600 Service Delivery System & State Responsibilities (P-7120) (P-11865/91; A-13241)
1 Ill. Adm. Code 300 Small Business Impact Analysis Procedures (P-11391)

COMMERCE AND COMMUNITY AFFAIRS, DEPARTMENT OF (CONT'D)
47 Ill. Adm. Code 120 State Administration of the Federal Community Services Block Grant Program (P-13993/91; A-3078)
47 Ill. Adm. Code 110 State Administration of the Federal Community Development Block Grant Program for Small Cities (P-7141)
56 Ill. Adm. Code 2610 Training Services for the Disadvantaged (P-6905) (P-11894/91; A-13272)
56 Ill. Adm. Code 2630 Uniform Fiscal & Administrative Standards for the Job Training Partnership Act (P-8081/91; A-1524) (P-11545/91; A-6796)

COMMERCE COMMISSION, ILLINOIS
4 Ill. Adm. Code 400 Americans With Disabilities Act Grievance Procedure (P-5133; A-12439)
83 Ill. Adm. Code 110 Approval of Citizens Utility Board Enclosures & Statements (PR-18018/91; AR-7654)
83 Ill. Adm. Code 760 Cellular Radio Exclusion (P-14340/91; A-6177) (P-16535/91; A-6177)(P-7572)
92 Ill. Adm. Code 1311 Commodity Group Definitions (P-4195/91; W-2942)
92 Ill. Adm. Code 305 Construction of Electric Power & Communication Lines (P-16538/91; A-6180)
92 Ill. Adm. Code 1309 Conversion of Contract to Common Authority (P-3238; A-11827)
83 Ill. Adm. Code 756 Dual Party Relay Service (P-14004) (E-14470)
92 Ill. Adm. Code 1440 Guidelines for the Assessment of Penalties(General Order 55 (MC)) (P-5139; A-13496)
83 Ill. Adm. Code 785 Joint Rules of the Ill. Commerce Commission, the Office of the State Fire Marshal, & the Ill. Emergency Management Agency: Fire Protection & Emergency Services for Telecommunications Facilities (P-17427/91; A-11009)
83 Ill. Adm. Code 440 Least-Cost Planning for Electric Utilities (P-6533)
83 Ill. Adm. Code 535 Least-Cost Planning for Natural Gas Utilities (P-6538)
83 Ill. Adm. Code 255 Notice Requirements for Change in Rates for Cooling, Electric, Gas, Heating Telecommunications, Sewer or Water Services (P-13703)
83 Ill. Adm. Code 770 Operator Service Providers (P-3242)
83 Ill. Adm. Code 280 Procedures for Gas, Electric, Water & Sanitary Sewer Utilities Governing Eligibility for Service, Deposits, Payment Practices & Discontinuance of Service (P-9801/91; A-11023) (P-12810)
83 Ill. Adm. Code 275 Promotional Practices of Electric & Gas Public Utilities (General Order 195) (P-8269)
83 Ill. Adm. Code 44 Purchase & Sale of Electric Energy from Qualified Solid Waste Energy Facilities (P-11025/91; A-2535)
2 Ill. Adm. Code 1702 Qualifications of Hearing Examiners (A-11442)
83 Ill. Adm. Code 200 Rules of Practice (P-1936; W-7737)
83 Ill. Adm. Code 410 Standards of Service for Electric Utilities (P-11899/91; A-2544)
83 Ill. Adm. Code 500 Standards of Service for Gas Utilities (P-11905/91; A-2550)
83 Ill. Adm. Code 745 Tariff Findings (P-10513)
83 Ill. Adm. Code 757 Telephone Assistance Programs (P-6542)

COMMUNITY COLLEGE BOARD, ILLINOIS
23 Ill. Adm. Code 1501 Administration of the Ill. Public Community College Act (P-10524) (P-12274) (P-18022/91; A-12445)

COMPTROLLER
4 Ill. Adm. Code 775 Americans With Disabilities Act Grievance Procedure (P-13710)

CONSERVATION, DEPARTMENT OF
17 Ill. Adm. Code 3035 Boat Access Area Development Program (P-14783/91; A-1797)

CONSERVATION, DEPARTMENT OF (CONT'D)

17 Ill. Adm. Code 130 Camping on Department of Conservation Properties (E-7925; C-8614) (P-8275)
17 Ill. Adm. Code 530 Cock Pheasant, Hungarian Partridge, Bobwhite Quail, Rabbit & Crow Hunting (P-7161; A-12470) (P-12280)
17 Ill. Adm. Code 830 Commercial Fishing & Musseling in Certain Waters of the State (P-18327/91; A-5257)
17 Ill. Adm. Code 850 Commercial Fishing in Lake Michigan (P-4616; A-11029) (E-12626) (P-12818)
17 Ill. Adm. Code 115 Competitive Tournament Fishing on State Owned and/or Leased Water Areas (P-18045/91; A-4835)
17 Ill. Adm. Code 2520 Consignment of Licenses (P-2297; A-8479)
17 Ill. Adm. Code 2030 Designation of Restricted Waters in the State of Illinois (P-2302; A-8483)
17 Ill. Adm. Code 950 Dog Training on Department-Owned or -Managed Sites (P-5429; A-11034)
17 Ill. Adm. Code 960 Dog Training on Non-Department Owned or -Managed Lands (P-5433)
17 Ill. Adm. Code 730 Dove Hunting (P-5143; A-11041)
17 Ill. Adm. Code 590 Duck, Goose & Coot Hunting (P-14157/91; A-570) (P-7189; A-12491)
17 Ill. Adm. Code 1590 Falconry & the Captive Propagation of Raptors (P-4132; A-11052)
17 Ill. Adm. Code 890 Fish Removal With Chemicals (P-17811/91; A-5262)
17 Ill. Adm. Code 1530 Forest Products Transportation Act, The (P-2972; A-8489)
17 Ill. Adm. Code 510 General Hunting & Trapping on Department-Owned or -Managed Sites (P-5436; A-11064)
17 Ill. Adm. Code 1010 Ill. List of Endangered & Threatened Fauna (P-13594/91;A-103)
17 Ill. Adm. Code 3010 Ill. Snowmobile Grant Program (P-14794/91; A-1806)
17 Ill. Adm. Code 620 Importation Permits for Living Wild Animals Not Covered by the Wildlife Code (P-12302)
17 Ill. Adm. Code 3030 Land & Water Conservation Fund Grant Program (P-14807/91; A-1816)
17 Ill. Adm. Code 570 Muskrat, Mink, Raccoon, Opossum, Striped Skunk, Weasel, Red Fox, Gray Fox, Coyote, Beaver & Woodchuck (Groundhog) Trapping (P-5443; A-11069)
17 Ill. Adm. Code 220 North Point Marina (P-18050/91; A-7335)
17 Ill. Adm. Code 525 Nuisance Wildlife Control Permits (P-15647/91; A-1826)
17 Ill. Adm. Code 970 Pigeon Shooting Permits (PR-2727; AR-8497)
17 Ill. Adm. Code 110 Public Use of State Parks & Other Properties of the Department of Conservation (E-7934; C-8615) (P-8289)
17 Ill. Adm. Code 550 Raccoon, Opossum, Striped Skunk, Red Fox, Gray Fox, Coyote & Woodchuck (Groundhog) Hunting (P-5454; A-11078)
17 Ill. Adm. Code 150 Regs. for the Letting of Concessions, Farm Leases, Sale of Buildings and Facilities and Demolitions (P-18055/91; A-4839)
17 Ill. Adm. Code 3020 Snowmobile Trail Establishment Fund Grant Program (P-14820/91; A-1833)
17 Ill. Adm. Code 810 Sport Fishing Regulations for the Waters of Ill. (P-17817/91; A-5267)(E-6016) (P-6571; A-12526)
17 Ill. Adm. Code 690 Squirrel Hunting (P-5157; A-11087)
17 Ill. Adm. Code 880 Taking of Reptiles & Amphibians, The (P-13603/91; A-109)
17 Ill. Adm. Code 720 Taking of Wild Turkeys-Fall Archery Season, The (P-5466; A-11093) (P-8681)
17 Ill. Adm. Code 715 Taking of Wild Turkeys-Fall Gun Season, The (P-5475; A-11101)
17 Ill. Adm. Code 710 Taking of Wild Turkeys-Spring Season, The (P-14833/91; A-1843)
17 Ill. Adm. Code 1535 Timber Buyer Licensing & Harvest Fees (P-2979; A-8499)
17 Ill. Adm. Code 1538 Urban & Community Forestry Grant Program (P-4148; A-11108)
17 Ill. Adm. Code 1538 Urban Forestry Grant Program (P-775; W-4555)
17 Ill. Adm. Code 670 White-Tailed Deer Hunting by Use of Bow and Arrow (P-5482; A-11116)
17 Ill. Adm. Code 650 White-Tailed Deer Hunting by Use of Firearms (P-5501; A-11131)

CONSERVATION, DEPARTMENT OF (CONT'D)

17 Ill. Adm. Code 680 White-Tailed Deer Hunting Season by Use of Handguns (P-10138)
17 Ill. Adm. Code 660 White-Tailed Deer Hunting Season by Use of Muzzleloading Rifles (P-5525; A-11150)
17 Ill. Adm. Code 740 Woodcock, Snipe, Rail & Teal Hunting (P-5540; A-11162)

CORRECTIONS, DEPARTMENT OF

4 Ill. Adm. Code 475 Americans With Disabilities Act Grievance Procedure (P-3707; A-10423)
20 Ill. Adm. Code 210 Commissaries (P-17010/91; A-6979)
20 Ill. Adm. Code 504 Discipline & Grievances (P-3715; A-10430)
20 Ill. Adm. Code 525 Rights & Privileges (E-3583)(P-5166; A-10439)
20 Ill. Adm. Code 405 School District #428 (P-5176; A-10449)
20 Ill. Adm. Code 435 Volunteer Services (P-1941; A-8166)

CRIMINAL JUSTICE INFORMATION AUTHORITY

20 Ill. Adm. Code 1580 Americans With Disabilities Act Grievance Procedure (P-1948)
20 Ill. Adm. Code 1570 Fees for Processing Requests for Conviction Information (P-2732)

DEVELOPMENT FINANCE AUTHORITY, ILLINOIS

4 Ill. Adm. Code 950 Americans With Disabilities Act Grievance Procedure (P-9216)
14 Ill. Adm. Code 1230 Employee Ownership Assistance Program (P-9222)
14 Ill. Adm. Code 1220 Financing Programs (P-8747/91; A-10163)
2 Ill. Adm. Code 2925 Organization, Public Information & Rulemaking (A-14653)

DEVELOPMENTAL DISABILITIES, ILLINOIS PLANNING COUNCIL ON

2 Ill. Adm. Code 2905 Access to Public Records (A-12145)
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29 Ill. Adm. Code 700 Joint Rules of the Ill. Commerce Commission, the Office of the State Fire Marshal, & the Ill. Emergency Management Agency: Fire Protection & Emergency Services for Telecommunications Facilities (P-17740/91; A-11170)

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35 Ill. Adm. Code 183 Joint Rules of the Ill. Environmental Protection Agency, the Ill. Department of Public Health & the Ill. Dept. of Nuclear Safety: Certification & Operation of Environmental Laboratories (P-10217; W-12792) (P-12659)
68 Ill. Adm. Code 870 Landfill Operators Certification (P-12094/91; A-3096)
35 Ill. Adm. Code 320 Permit Fees for Installing or Extending Sewers (P-12746)
35 Ill. Adm. Code 859 Procedures for Collection of Review & Evaluation Services Costs (P-8348/91; A-6995)
35 Ill. Adm. Code 365 Procedures for Issuing Loans from the Water Pollution Control Revolving Fund (P-3745)
35 Ill. Adm. Code 875 Procedures for White Goods Collection Grants (P-10542)
35 Ill. Adm. Code 858 Procedures for Operation of the Non-Hazardous Solid Waste Fee System (P-4621)
35 Ill. Adm. Code 880 Procedures for Operation of the Potentially Infectious Medical Waste Transporter System (P-6127; A-13505)
35 Ill. Adm. Code 276 Procedures to be Followed in the Performance of Annual Inspection of Motor Vehicle Exhaust Emissions (P-13607/91; A-10230)

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38 Ill. Adm. Code 200 Financial Institutions Code (P-7250; A-12879)
38 Ill. Adm. Code 190 Ill. Credit Union Act (P-12754) (E-12781)
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41 Ill. Adm. Code 300 Furniture Fire Safety Regs. (P-10560)
41 Ill. Adm. Code 270 Hazardous Materials Emergency Response Reimbursement Standards (P-14845/91; A-6842)
41 Ill. Adm. Code 102 Joint Rules of the Ill. Commerce Commission, the Office of the State Fire Marshal, & the Ill. Emergency Management Agency: Fire Protection & Emergency Services for Telecommunications Facilities (P-17442/91; A-11172)
41 Ill. Adm. Code 140 Policy & Procedures Manual for Fire Protection Personnel (P-14017)
41 Ill. Adm. Code 170 Storage, Transportation, Sale & Use of Petroleum & Other Regulated Substances (P-10875/91; A-4845)

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50 Ill. Adm. Code 1408 Actuarial Opinion & Memorandum (P-8735)
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50 Ill. Adm. Code 3201 Books & Records (PR-9279)
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50 Ill. Adm. Code 3202 Filing of Rate Charges & Agreement Forms (PR-9288)
50 Ill. Adm. Code 3205 Financing Insurance Premiums Defined (PR-9291)
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56 Ill. Adm. Code 350 Health & Safety (P-3260) (P-3780) (P-4645; C-6057) (P-1; A-8518)
56 Ill. Adm. Code 250 Ill. Child Labor Law (P-15862/91; A-5335)
56 Ill. Adm. Code 360 Ill. Right to Privacy in the Workplace Act (P-8838)
56 Ill. Adm. Code 300 Payment & Collection of Wages or Final Compensation (P-4626; C-6897; A-13828)

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62 Ill. Adm. Code 1775 Administrative & Judicial Review of Decisions (PR-10590)
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62 Ill. Adm. Code 1761 Areas Designated by Act of Congress (P-10596)
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62 Ill. Adm. Code 1779 Surface Mining Permit Applications-Minimum Requirements for Information on Environmental Resources (P-10835)

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68 Ill. Adm. Code 1275 Ill. Landscape Architecture Act of 1989 (P-5741; A-10458)
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TYPE OF RULEMAKING

am = amendment to existing Section
cc = codification changes
n = new Section
r = repeal of existing Section
re = recodified
# = renumbered

ACTION CODES

A = Adopted rule
C = Correction
CC = Codification Changes
E = Emergency rule
F = Failure to Remedy Objection
M = Modification
O = JCAR Objection
P = Proposed Rule
PF = Prohibited filing
PP = Peremptory rule
R = Refusal to Modify or Withdraw
RC = Statement of Recommendation
RQ = Request for Correction
S = Suspend rule
W = Withdrawal of

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700.40	am	(A-3893)
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700.60	am	(A-3893)
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2905.110	n	(A-12145)
2905.200	n	(A-12145)
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2905.310	n	(A-12145)
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2925.40	n	(A-14653)
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2925.300	n	(A-14653)
2925.305	n	(A-14653)
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2925.320	n	(A-14653)
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175.40	n	(P-9129)
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275.20	n	(P-2010; A-7003)
275.30	n	(P-2010; A-7003)
275.40	n	(P-2010; A-7003)
275.50	n	(P-2010; A-7003)
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375.30	n	(P-4125)
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375.50	n	(P-4125)
375.60	n	(P-4125)
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400.20	n	(P-5133; A-12439)
400.30	n	(P-5133; A-12439)
400.40	n	(P-5133; A-12439)
400.50	n	(P-5133; A-12439)
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450.20	n	(P-2292; A-8944)
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600.60	n	(P-5569)
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625.20	n	(P-2322; A-10282)
625.30	n	(P-2322; A-10282)
625.40	n	(P-2322; A-10282)
625.50	n	(P-2322; A-10282)
625.60	n	(P-2322; A-10282)
625.70	n	(P-2322; A-10282)
625.80	n	(P-2322; A-10282)
625.Ap.A	n	(P-2322; A-10282)
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650.20	n	(P-3253; A-8503)
650.30	n	(P-3253; A-8503)
650.40	n	(P-3253; A-8503)
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725.30	n	(P-3689; A-11432)
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750.40	n	(P-8338; A-14418)
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775.20	n	(P-13710)
775.30	n	(P-13710)
775.40	n	(P-13710)
775.50	n	(P-13710)
775.60	n	(P-13710)
775.70	n	(P-13710)
800.10	n	(P-11988)
800.20	n	(P-11988)
800.30	n	(P-11988)
800.40	n	(P-11988)
800.50	n	(P-11988)
800.60	n	(P-11988)
800.70	n	(P-11988)
800.80	n	(P-11988)
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850.30	n	(P-8026)
850.40	n	(P-8026)
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850.70	n	(P-8026)
875.10	n	(P-8160)
875.20	n	(P-8160)
875.30	n	(P-8160)
875.40	n	(P-8160)
875.50	n	(P-8160)
875.60	n	(P-8160)
875.70	n	(P-8160)
875.80	n	(P-8160)
900.10	n	(P-9273)
900.20	n	(P-9273)
900.30	n	(P-9273)
900.40	n	(P-9273)
900.50	n	(P-9273)
900.60	n	(P-9273)
900.70	n	(P-9273)
925.100	n	(P-10534)
925.110	n	(P-10534)
925.120	n	(P-10534)
925.130	n	(P-10534)
925.140	n	(P-10534)
925.150	n	(P-10534)
925.160	n	(P-10534)
925.Ap.A	n	(P-10534)
950.10	n	(P-9216)

TITLE 4 (CONT'D)

950.20	n	(P-9216)
950.30	n	(P-9216)
950.40	n	(P-9216)
950.50	n	(P-9216)
950.60	n	(P-9216)
950.70	n	(P-9216)
975.10	n	(P-11709)
975.20	n	(P-11709)
975.30	n	(P-11709)
975.40	n	(P-11709)
975.50	n	(P-11709)
975.60	n	(P-11709)
975.70	n	(P-11709)
1000.10	n	(P-12799)
1000.20	n	(P-12799)
1000.30	n	(P-12799)
1000.40	n	(P-12799)
1000.50	n	(P-12799)
1000.60	n	(P-12799)
1000.70	n	(P-12799)
1025.10	n	(P-13188) (P-13483)
1025.20	n	(P-13188) (P-13483)
1025.30	n	(P-13188) (P-13483)
1025.40	n	(P-13188) (P-13483)
1025.50	n	(P-13188) (P-13483)
1025.60	n	(P-13188) (P-13483)
1025.70	n	(P-13188) (P-13483)
1075.10	n	(P-14182)
1075.20	n	(P-14182)
1075.30	n	(P-14182)
1075.40	n	(P-14182)
1075.50	n	(P-14182)
1075.60	n	(P-14182)
1075.70	n	(P-14182)

TITLE 8

1.10	am	(P-8631)
1.15	am	(P-8631)
1.20	am	(P-8631)
1.22	n	(P-8631)
1.25	am	(P-8631)
1.40	am	(P-8631)
1.42	n	(P-8631)
1.44	n	(P-8631)
1.45	am	(P-8631)
1.50	am	(P-8631)
1.55	am	(P-8631)
1.60	am	(P-8631)
1.65	am	(P-8631)
1.75	am	(P-8631)
1.77	n	(P-8631)
1.80	am	(P-8631)
1.85	am	(P-8631)
1.95	am	(P-8631)
1.112	n	(P-8631)
1.114	n	(P-8631)
1.116	n	(P-8631)
1.118	n	(P-8631)
1.120	n	(P-8631)
1.122	n	(P-8631)
1.124	n	(P-8631)
1.126	n	(P-8631)
1.128	n	(P-8631)
1.225	am	(P-8631)
1.240	am	(P-8631)
1.265	am	(P-8631)
1.270	am	(P-8631)
1.275	am	(P-8631)
1.280	am	(P-8631)
1.285	am	(P-8631)
1.295	am	(P-8631)
1.300	am	(P-8631)
1.305	am	(P-8631)
1.310	r	(P-8631)
1.315	r	(P-8631)
1.320	r	(P-8631)
1.325	r	(P-8631)
1.330	r	(P-8631)
1.335	r	(P-8631)
1.340	r	(P-8631)
1.345	r	(P-8631)
1.350	r	(P-8631)
1.400	r	(P-8631)
1.410	r	(P-8631)
1.415	r	(P-8631)
1.420	r	(P-8631)
1.425	r	(P-8631)
1.435	r	(P-8631)
1.445	r	(P-8631)
1.500	am	(P-8631)
.II.A	am	(P-8631)
.II.B	am	(P-8631)
5.90	r	(P-3231; A-8364)
30.150	am	(P-3618; A-11751)
40.5	am	(P-3673; A-11793)
40.60	am	(P-3673; A-11793)
40.100	am	(P-3673; A-11793)
40.170	am	(P-3673; A-11793)
55.10	am	(P-3646; A-11766)
55.40	am	(P-3646; A-11766)
55.45	am	(P-3646; A-11766)

TITLE 8 (CONT'D)

55.50	am	(P-3646; A-11766)
55.90	am	(P-3646; A-11766)
55.100	am	(P-3646; A-11766)
85.5	am	(P-3635; A-11756)
85.10	am	(P-3635; A-11756)
85.15	am	(P-3635; A-11756)
85.75	am	(P-3635; A-11756)
85.80	am	(P-3635; A-11756)
85.100	am	(P-3635; A-11756)
85.115	am	(P-3635; A-11756)
85.120	n	(P-3635; A-11756)
90.5	n	(P-3653; A-11773)
90.110	am	(P-3653; A-11773)
100.50	am	(P-3624; A-11416)
100.80	am	(P-3624; A-11416)
100.90	am	(P-3624; A-11416)
100.110	am	(P-3624; A-11416)
100.120	am	(P-3624; A-11416)
105.5	am	(P-3680; A-11799)
105.10	am	(P-3680; A-11799)
105.30	am	(P-3680; A-11799)
105.90	n	(P-3680; A-11799)
110.50	am	(P-3624)
110.80	am	(P-3624)
110.90	am	(P-3624)
110.110	am	(P-3624)
110.120	am	(P-3624)
115.10	am	(P-3661; A-11781)
115.20	am	(P-3661; A-11781)
115.30	am	(P-3661; A-11781)
115.50	am	(P-3661; A-11781)
115.70	am	(P-3661; A-11781)
115.80	am	(P-3661; A-11781)
115.100	am	(P-3661; A-11781)
121.25	am	(P-8898; W-11972)
125.10	am	(P-1921; A-8349)
125.100	am	(PP-11963)
125.190	am	(P-1921; A-8349)
125.260	am	(PP-1899)
		(P-1921; A-8349)
		(PP-11687)
125.270	am	(P-1921; A-8349)
		(PP-11963)
125.290	am	(P-1921; A-8349)
125.295	n	(P-1921; A-8349)
125.380	am	(PP-1899) (PP-11687)
125.390	am	(P-1921;A-8349;
		PP-12234)
200.10	r	(P-9169)
200.15	n	(P-9169)
200.20	r	(P-9169)
200.25	n	(P-9169)
200.30	r	(P-9169)
200.35	n	(P-9169)
200.40	r	(P-9169)
200.45	n	(P-9169)
200.50	r	(P-9169)
200.55	n	(P-9169)
200.60	r	(P-9169)
200.65	n	(P-9169)
200.70	r	(P-9169)
200.75	n	(P-9169)
200.85	n	(P-9169)
200.90	r	(P-9169)
200.95	n	(P-9169)
200.100	r	(P-9169)
200.110	r	(P-9169)
200.120	n	(P-9169)
200.130	n	(P-9169)
200.140	n	(P-9169)
200.150	n	(P-9169)
200.160	n	(P-9169)
200.170	n	(P-9169)
200.200	n	(P-9169)
200.210	n	(P-9169)
200.220	n	(P-9169)
211.10	n	(P-7955; A-13794)
211.20	n	(P-7955; A-13794)
211.30	n	(P-7955; A-13794)
211.40	n	(P-7955; A-13794)
211.50	n	(P-7955; A-13794)
211.60	n	(P-7955; A-13794)
211.70	n	(P-7955; A-13794)
211.80	n	(P-7955; A-13794)
235.10	n	(P-2969; A-8361)
235.20	n	(P-2969; A-8361)
305.10	n	(P-7949; A-13788)
305.20	n	(P-7949; A-13788)
305.30	n	(P-7949; A-13788)
305.40	n	(P-7949; A-13788)
305.50	n	(P-7949; A-13788)
305.60	n	(P-7949; A-13788)
305.70	n	(P-7949; A-13788)
1400.147	am	(P-8297)
1400.149	am	(P-8297)

TITLE 11

405.90	am	(P-2436; A-8232)
409.20	am	(P-11005)
415.60	n	(P-1263; A-7486)
416.10	r	(P-12372)

TITLE 11 (CONT'D)

416.20	r	(P-12372)
416.30	r	(P-12372)
416.40	r	(P-12372)
416.50	r	(P-12372)
416.60	r	(P-12372)
416.70	r	(P-12372)
416.80	r	(P-12372)
416.90	r	(P-12372)
417.10	r	(P-12379)
417.20	r	(P-12379)
417.30	r	(P-12379)
417.40	r	(P-12379)
417.50	r	(P-12379)
417.60	r	(P-12379)
417.70	r	(P-12379)
417.80	r	(P-12379)
417.90	r	(P-12379)
422.10	am	(P-6742; A-13069)
422.70	am	(P-6742; A-13069)
422.90	am	(P-6742; A-13069)
422.100	am	(P-6742; A-13069)
422.110	am	(P-6742; A-13069)
433.120	am	(P-11001)
434.05	n	(P-10996)
434.10	am	(P-10996)
434.20	am	(P-10996)
434.40	am	(P-10996)
435.20	am	(P-6747; A-13073)
436.05	n	(P-15655/91; A-4520)
436.10	r	(P-15655/91; A-4520)
436.20	am	(P-15655/91; A-4520)
436.30	r	(P-15655/91; A-4520)
436.40	r	(P-15655/91; A-4520)
436.50	r	(P-15655/91; A-4520)
436.60	am	(P-15655/91; A-4520)
436.70	am	(P-15655/91; A-4520)
436.80	r	(P-15655/91; A-4520)
436.90	r	(P-15655/91; A-4520)
436.100	am	(P-15655/91; A-4520)
436.110	am	(P-15655/91; A-4520)
436.120	r	(P-15655/91; A-4520)
436.130	am	(P-15655/91; A-4520)
436.140	r	(P-15655/91; A-4520)
438.40	am	(P-12377)
440.40	am	(P-6755; A-13077)
440.50	am	(P-6755; A-13077)
440.60	am	(P-6755; A-13077)
440.120	am	(P-6755; A-13077)
440.160	n	(P-6755; A-13077)
450.10	n	(P-2292)
502.30	am	(P-6751; A-12774)
509.10	am	(P-6955)
509.20	am	(P-6955)
509.30	am	(P-6955)
509.40	am	(P-6955)
509.50	am	(P-6955)
509.60	am	(P-6955)
509.70	am	(P-6955)
509.75	am	(P-6955)
509.80	am	(P-6955)
509.90	am	(P-6955)
509.95	n	(P-6955)
509.100	am	(P-6955)
509.110	am	(P-6955)
509.130	r	(P-6955)
509.140	am	(P-6955)
509.150	am	(P-6955)
509.160	am	(P-6955)
509.170	am	(P-6955)
509.175	r	(P-6955)
509.190	am	(P-6955)
509.195	r	(P-6955)
509.200	am	(P-6955)
509.210	am	(P-6955)
509.220	am	(P-6955)
509.230	am	(P-6955)
509.240	r	(P-6955)
509.250	r	(P-6955)
509.260	r	(P-6955)
509.265	r	(P-6955)
509.270	am	(P-6955)
1305.120	r	(P-2439)
1305.130	r	(P-2439)
1305.140	am	(P-2439)
1314.10	r	(P-2433; A-8229)
1318.180	n	(P-15388/91;A-7489)
1318.190	n	(P-15388/91;A-7489)
1424.100	r	(P-2444; A-11193)
1424.105	r	(P-2444)
1424.170	am	(P-2444) (P-12133)
1424.175	r	(P-12133)
1424.250	am	(P-1266;A-7493)
1705.10	n	(P-1779)
1705.20	n	(P-1779)
1705.30	n	(P-1779)
1705.40	n	(P-1779)
1705.50	n	(P-1779)
1705.60	n	(P-1779)
1705.70	n	(P-1779)

TITLE 14

130.110	am	(P-14209/91; A-6000)
170.10	am	(P-5247; A-11196)
170.11	am	(P-5247; A-11196)
170.12	am	(P-5247; A-11196)
170.13	am	(P-5247; A-11196)
170.14	am	(P-5247; A-11196)
170.17	am	(P-5247; A-11196)
170.20	am	(P-5247; A-11196)
		(P-13784)
170.30	n	(P-5247; A-11196)
175.10	am	(P-7518/91; A-4058)
520.900	am	(P-89)
520.920	am	(P-13691)
520.930	am	(P-89) (P-13691)
520.1020	am	(P-13691)
520.1030	am	(P-13691)
520.1100	n	(P-89)
520.1110	n	(P-89)
520.1120	n	(P-89)
520.1130	n	(P-89)
520.1140	n	(P-89)
526.10	n	(P-6524)
526.20	n	(P-6524)
526.30	n	(P-6524)
526.40	n	(P-6524)
526.50	n	(P-6524)
526.60	n	(P-6524)
526.70	n	(P-6524)
526.80	n	(P-6524)
526.90	n	(P-6524)
550.20	am	(P-7090; A-14628)
550.30	am	(P-7090; A-14628)
550.35	am	(P-10249/91; A-3464)
550.40	am	(P-7090; A-14628)
550.50	am	(P-7090; A-14628)
550.60	am	(P-7090; A-14628)
1220.100	n	(P-8747/91; A-10163)
1220.110	n	(P-8747/91; A-10163)
1220.120	n	(P-8747/91; A-10163)
1220.130	n	(P-8747/91; A-10163)
1220.140	n	(P-8747/91; A-10163)
1220.150	n	(P-8747/91; A-10163)
1220.160	n	(P-8747/91; A-10163)
1220.200	n	(P-8747/91; A-10163)
1220.210	n	(P-8747/91; A-10163)
1220.220	n	(P-8747/91; A-10163)
1220.230	n	(P-8747/91; A-10163)
1220.240	n	(P-8747/91; A-10163)
1220.250	n	(P-8747/91; A-10163)
1220.300	n	(P-8747/91; A-10163)
1220.310	n	(P-8747/91; A-10163)
1220.320	n	(P-8747/91; A-10163)
1220.330	n	(P-8747/91; A-10163)
1220.400	n	(P-8747/91; A-10163)
1220.410	n	(P-8747/91; A-10163)
1220.500	n	(P-8747/91; A-10163)
1220.510	n	(P-8747/91; A-10163)
1220.520	n	(P-8747/91; A-10163)
1230.100	n	(P-9222)
1230.110	n	(P-9222)
1230.200	n	(P-9222)
1230.210	n	(P-9222)
1230.300	n	(P-9222)
1230.310	n	(P-9222)
1230.400	n	(P-9222)
1230.500	n	(P-9222)
1230.510	n	(P-9222)
1230.520	n	(P-9222)
1230.530	n	(P-9222)
1230.540	n	(P-9222)

TITLE 17

110.4	n	(E-7934; C-8615)
		(P-8289)
110.30	am	(P-8289)
110.40	am	(P-8289)
110.90	am	(P-8289)
110.100	am	(P-8289)
110.150	am	(P-8289)
110.165	n	(P-8289)
110.170	am	(P-8289)
115.10	am	(P-18045/91; A-4835)
115.30	am	(P-18045/91; A-4835)
115.40	am	(P-18045/91; A-4835)
115.50	am	(P-18045/91; A-4835)
130.30	am	(P-8275)
130.40	am	(P-8275)
130.50	am	(E-7925) (C-8614)
		(P-8275)
130.70	am	(E-7925) (C-8614)
		(P-8275)
130.120	am	(E-7925) (C-8614)
		(P-8275)
130.130	am	(E-7925) (C-8614)
		(P-8275)
130.135	am	(P-8275)
150.10	am	(P-18055/91; A-4839)
150.20	am	(P-18055/91; A-4839)
150.30	am	(P-18055/91; A-4839)
150.40	am	(P-18055/91; A-4839)
220.60	am	(P-18050/91; A-7335)

TITLE 17 (CONT'D)

510.10	am	(P-5436; A-11064)
525.30	am	(P-15647/91; A-1826)
530.10	am	(P-7161; A-12470)
530.20	am	(P-7161; A-12470)
530.70	am	(P-7161; A-12470)
		(P-12280)
530.80	am	(P-7161; A-12470)
		(P-12280)
530.90	am	(P-7161; A-12470)
		(P-12280)
530.100	am	(P-7161; A-12470)
		(P-12280)
530.105	am	(P-7161; A-12470)
		(P-12280)
530.110	am	(P-7161; A-12470)
		(P-12280)
530.115	n	(P-7161; A-12470)
530.120	am	(P-7161; A-12470)
550.20	am	(P-5454; A-11078)
550.30	am	(P-5454; A-11078)
570.20	am	(P-5443; A-11069)
570.30	am	(P-5443; A-11069)
570.40	am	(P-5443; A-11069)
590.10	am	(P-14157/91; A-570)
		(P-7189; A-12491)
590.20	am	(P-14157/91; A-570)
		(P-7189; A-12491)
590.25	am	(P-7189; A-12491)
590.26	n	(P-7189; A-12491)
590.30	am	(P-7189); A-12491
590.50	am	(P-7189; A-12491)
590.60	am	(P-14157/91; A-570)
		(P-7189; A-12491)
620.10	n	(P-12302)
620.20	n	(P-12302)
620.30	n	(P-12302)
620.40	n	(P-12302)
620.50	n	(P-12302)
620.Ex.A	n	(P-12302)
650.10	am	(P-5501; A-11131)
650.20	am	(P-5501; A-11131)
650.21	am	(P-5501; A-11131)
650.22	am	(P-5501; A-11131)
650.23	am	(P-5501; A-11131)
650.40	am	(P-5501; A-11131)
650.50	am	(P-5501; A-11131)
650.60	am	(P-5501; A-11131)
660.10	am	(P-5525; A-11150)
660.20	am	(P-5525; A-11150)
660.21	am	(P-5525; A-11150)
660.25	am	(P-5525; A-11150)
660.30	am	(P-5525; A-11150)
660.40	am	(P-5525; A-11150)
660.45	am	(P-5525; A-11150)
660.50	am	(P-5525; A-11150)
660.60	am	(P-5525; A-11150)
670.10	am	(P-5482; A-11116)
670.20	am	(P-5482; A-11116)
670.30	am	(P-5482; A-11116)
670.40	am	(P-5482; A-11116)
670.50	am	(P-5482; A-11116)
670.60	am	(P-5482; A-11116)
680.10	am	(P-10138)
680.20	am	(P-10138)
680.60	am	(P-10138)
680.70	am	(P-10138)
680.80	am	(P-10138)
690.20	am	(P-5157; A-11087)
690.30	am	(P-5157; A-11087)
710.10	am	(P-14833/91; A-1843)
710.20	am	(P-14833/91; A-1843)
710.21	n	(P-14833/91; A-1843)
710.30	am	(P-14833/91; A-1843)
710.50	am	(P-14833/91; A-1843)
715.10	am	(P-5475; A-11101)
715.20	am	(P-5475; A-11101)
715.40	am	(P-5475; A-11101)
720.10	am	(P-5466; A-11093)
720.20	am	(P-5466; A-11093)
720.30	am	(P-5466; A-11093)
		(P-8681)
720.40	am	(P-5466; A-11093)
730.20	am	(P-5143; A-11041)
730.30	am	(P-5143; A-11041)
740.10	am	(P-5540; A-11162)
740.20	am	(P-5540; A-11162)
810.35	am	(P-17817/91; A-5267)
810.37	am	(P-17817/91; A-5267)
810.45	am	(P-17817/91; A-5267)
		(P-6571;A-12526)
		(E6016)
810.60	am	(P-17817/91; A-5267)
810.70	am	(P-17817/91; A-5267)
810.90	am	(P-17817/91; A-5267)
830.60	am	(P-18327/91; A-5257)
830.70	am	(P-18327/91; A-5257)
830.90	am	(P-18327/91; A-5257)
850.10	am	(P-4616; A-11029)
850.20	am	(P-4616; A-11029)
		(E-12626) (P-12818)
850.30	am	(P-4616; A-11029)

TITLE 17 (CONT'D)

850.40	am	(E-12626) (P-12818)
850.50	am	(E-12626) (P-12818)
880.10	n	(P-13603/91; A-109)
880.20	n	(P-13603/91; A-109)
880.30	n	(P-13603/91; A-109)
880.40	n	(P-13603/91; A-109)
880.50	n	(P-13603/91; A-109)
890.10	n	(P-17811/91; A-5262)
890.20	n	(P-17811/91; A-5262)
890.30	n	(P-17811/91; A-5262)
890.40	n	(P-17811/91; A-5262)
890.50	n	(P-17811/91; A-5262)
950.20	am	(P-5429; A-11034)
950.40	am	(P-5429; A-11034)
960.30	am	(P-5433; A-11038)
970.10	r	(P-2727; R-8497)
970.20	r	(P-2727; R-8497)
970.30	r	(P-2727; R-8497)
970.40	r	(P-2727; R-8497)
970.50	r	(P-2727; R-8497)
970.60	r	(P-2727; R-8497)
1110.30	am	(P-13594/91; A-103)
1530.30	am	(P-2972; A-8489)
1530.50	am	(P-2972; A-8489)
1530.60	am	(P-2972; A-8489)
1530.Ex.A	n	(P-2972; A-8489)
1530.Ex.B	n	(P-2972; A-8489)
1535.1	n	(P-2979; A-8499)
1535.5	am	(P-2979; A-8499)
1535.50	am	(P-2979; A-8499)
1538.5	n	(P-755; W-4555)
		(P-4148; A-11108)
1538.10	n	(P-755; W-4555)
		(P-4148; A-11108)
1538.20	n	(P-755; W-4555)
		(P-4148; A-11108)
1538.30	n	(P-755; W-4555)
		(P-4148; A-11108)
1538.40	n	(P-755; W-4555)
		(P-4148; A-11108)
1538.50	n	(P-755; W-4555)
		(P-4148; A-11108)
1538.60	n	(P-755; W-4555)
		(P-4148; A-11108)
1538.70	n	(P-755; W-4555)
		(P-4148; A-11108)
1538.80	n	(P-755; W-4555)
		(P-4148; A-11108)
1590.50	am	(P-4132; A-11052)
1590.60	am	(P-4132; A-11052)
1590.70	am	(P-4132; A-11052)
1590.80	am	(P-4132; A-11052)
1590.90	am	(P-4132; A-11052)
1590.100	am	(P-4132; A-11052)
1590.110	am	(P-4132; A-11052)
1590.120	am	(P-4132; A-11052)
2030.15	am	(P-2302; A-8483)
2030.20	am	(P-2302; A-8483)
2520.50	am	(P-2297; A-8479)
3010.40	am	(P-14794/91; A-1806)
3010.50	am	(P-14794/91; A-1806)
3010.70	am	(P-14794/91; A-1806)
3010.80	am	(P-14794/91; A-1806)
3020.20	am	(P-14820/91; A-1833)
3020.40	am	(P-14820/91; A-1833)
3020.50	am	(P-14820/91; A-1833)
3020.70	am	(P-14820/91; A-1833)
3020.80	am	(P-14820/91; A-1833)
3030.30	am	(P-14807/91; A-1816)
3030.50	am	(P-14807/91; A-1816)
3030.60	am	(P-14807/91; A-1816)
3035.40	am	(P-14783/91; A-1797)
3035.70	am	(P-14783/91; A-1797)
3035.80	am	(P-14783/91; A-1797)
4170.100	n	(P-5576)
	n*	(P-209/91; A-14200)
4170.110	n	(P-5576)
	n*	(P-209/91; A-14200)
4170.120	n	(P-5576)
4170.130	n	(P-5576)
4170.200	n	(P-5576)
	n*	(P-209/91; A-14200)
4170.210	n*	(P-209/91; A-14200)
4170.250	n	(P-5576)
4170.300	n	(P-5576)
	n*	(P-209/91; A-14200)
4170.310	n*	(P-209/91; A-14200)
4170.320	n*	(P-209/91; A-14200)
4170.330	n*	(P-209/91; A-14200)
4170.340	n*	(P-209/91; A-14200)
4170.400	n	(P-5576)
	n*	(P-209/91; A-14200)
4170.410	n*	(P-209/91; A-14200)
4170.420	n*	(P-209/91; A-14200)
4170.430	n*	(P-209/91; A-14200)
4170.440	n*	(P-209/91; A-14200)
4170.500	n	(P-5576)
	n*	(P-209/91; A-14200)
4170.550	n	(P-5576)
4170.600	n	(P-5576)
	n*	(P-209/91; A-14200)

TITLE 17 (CONT'D)

4170.610	n*	(P-209/91; A-14200)
4170.620	n*	(P-209/91; A-14200)
4170.630	n*	(P-209/91; A-14200)
4170.640	n*	(P-209/91; A-14200)
4170.650	n*	(P-209/91; A-14200)
4170.700	n	(P-5576)
	n*	(P-209/91; A-14200)
4170.710	n*	(P-209/91; A-14200)
4170.720	n*	(P-209/91; A-14200)
4170.800	n	(P-5576)
4180.120	am	(P-13718)

TITLE 20

210.20	am	(P-17010/91; A-6979)
210.30	am	(P-17010/91; A-6979)
226.605	am	(P-3724; A-12868)
226.640	am	(P-3724; A-12868)
405.20	am	(P-5176; A-10449)
405.50	am	(P-5176; A-10449)
405.60	am	(P-5176; A-10449)
435.10	am	(P-1941; A-8166)
435.12	n	(P-1941; A-8166)
435.15	am	(P-1941; A-8166)
435.20	am	(P-1941; A-8166)
435.30	am	(P-1941; A-8166)
435.40	am	(P-1941; A-8166)
435.50	am	(P-1941; A-8166)
435.60	am	(P-1941; A-8166)
435.70	n	(P-1941; A-8166)
504.802	am	(P-3715; A-10430)
504.810	am	(P-3715; A-10430)
504.830	am	(P-3715; A-10430)
504.905	am	(P-3715; A-10430)
504.910	am	(P-3715; A-10430)
504.920	am	(P-3715; A-10430)
504.930	am	(P-3715; A-10430)
525.110	am	(E-3583)
		(P-5166; A-10439)
525.130	am	(P-5166; A-10439)
525.140	am	(E-3583)
		(P-5166; A-10439)
525.150	am	(P-5166; A-10439)
1205.10	n	(P-4803)
1205.20	n	(P-4803)
1205.30	n	(P-4803)
1205.40	n	(P-4803)
1205.50	n	(P-4803)
1235.10	n	(E-17785/91; O-1746)
		(P-17566/91; A-7041)
1235.20	n	(E-17785/91; O-1746)
		(P-17566/91; A-7041)
1235.30	n	(E-17785/91; O-1746)
		(P-17566/91; A-7041)
1235.40	n	(E-17785/91; O-1746)
		(P-17566/91; A-7041)
1235.50	n	(E-17785/91; O-1746)
		(P-17566/91; A-7041)
1235.60	n	(E-17785/91; O-1746)
		(P-17566/91; A-7041)
1235.70	n	(E-17785/91; O-1746)
		(P-17566/91; A-7041)
1235.80	n	(E-17785/91; O-1746)
		(P-17566/91; A-7041)
1235.90	n	(E-17785/91; O-1746)
		(P-17566/91; A-7041)
1235.100	n	(E-17785/91; O-1746)
		(P-17566/91; A-7041)
1235.110	n	(E-17785/91; O-1746)
		(P-17566/91; A-7041)
1235.120	n	(E-17785/91; O-1746)
		(P-17566/91; A-7041)
1235.130	n	(E-17785/91; O-1746)
		(P-17566/91; A-7041)
1285.10	n	(P-3840; A-12595)
1285.20	n	(P-3840; A-12595)
1285.30	n	(P-3840; A-12595)
1285.40	n	(P-3840; A-12595)
1285.50	n	(P-3840; A-12595)
1285.60	n	(P-3840; A-12595)
1285.70	n	(P-3840; A-12595)
1285.80	n	(P-3840; A-12595)
1570.10	n	(P-2732)
1570.20	n	(P-2732)
1570.30	n	(P-2732)
1570.40	n	(P-2732)
1570.50	n	(P-2732)
1570.60	n	(P-2732)
1580.10	n	(P-1948)
1580.20	n	(P-1948)
1580.30	n	(P-1948)
1580.40	n	(P-1948)
1580.50	n	(P-1948)
1720.15	am	(P-15251/91; A-4002)
1720.35	n	(E-727) (P-7756)
1800.10	n	(P-10)
1800.20	n	(P-10)
1800.30	n	(P-10)
1800.40	n	(P-10)
1810.100	n	(P-469) (E-732)
1810.110	n	(P-469) (E-732)
1810.200	n	(P-469) (E-732)

TITLE 20 (CONT'D)

1810.210	n	(P-469) (E-732)
1810.220	n	(P-469) (E-732)
1810.230	n	(P-469) (E-732)
1810.240	n	(P-469) (E-732)
1810.250	n	(P-469) (E-732)
1810.300	n	(P-469) (E-732)
1810.400	n	(P-469)
1810.410	n	(P-469) (E-732)
1810.420	n	(P-469) (E-732)
1810.430	n	(P-469) (E-732)
1810.440	n	(P-469) (E-732)
1810.500	n	(P-469) (E-732)
1810.510	n	(P-469) (E-732)
1810.520	n	(P-469) (E-732)
1810.530	n	(P-469) (E-732)
1810.540	n	(P-469) (E-732)
1810.550	n	(P-469) (E-732)
1810.600	n	(P-469) (E-732)
1810.610	n	(P-469) (E-732)
1810.620	n	(P-469) (E-732)
1810.700	n	(P-469) (E-732)
1810.710	n	(P-469) (E-732)
1810.720	n	(P-469) (E-732)
1810.730	n	(P-469) (E-732)
1810.800	n	(P-469) (E-732)
1810.900	n	(P-469) (E-732)
1810.910	n	(P-469) (E-732)
1810.1000	n	(P-469) (E-732)
1810.1010	n	(P-469) (E-732)
1810.1020	n	(P-469) (E-732)
1810.1100	n	(P-469) (E-732)
1810.1110	n	(P-469) (E-732)

TITLE 23

1.230	am	(P-8684)
1.240	am	(P-8684)
1.420	am	(P-8684)
1.440	am	(P-8684)
1.720	am	(P-8684)
1.730	am	(P-8684)
1.735	am	(P-8684)
1.736	n	(P-8684)
25.120	am	(P-9234)
25.220	am	(P-9234)
120.10	am	(P-1452; A-10213)
120.30	am	(P-1452; A-10213)
120.40	am	(P-1452; A-10213)
120.50	am	(P-1452; A-10213)
120.60	am	(P-1452; A-10213)
120.90	am	(P-1452; A-10213)
130.10	am	(P-1439; A-9475)
130.20	am	(P-1439; A-9475)
130.30	am	(P-1439; A-9475)
130.40	am	(P-1439; A-9475)
130.45	n	(P-1439; A-9475)
130.50	am	(P-1439; A-9475)
202.10	am	(P-7231)
202.20	am	(P-7231)
202.30	am	(P-7231)
202.40	am	(P-7231)
202.44	n	(P-7231)
202.46	n	(P-7231)
202.50	am	(P-7231)
202.60	am	(P-7231)
226.605	am	(P-3724)
226.640	am	(P-3724)
228.15	n	(P-9253)
228.20	am	(P-9253)
228.25	n	(P-9253)
228.30	am	(P-9253)
228.50	am	(P-9253)
235.10	n	(P-439; A-10181)
		(RQ-12644)
235.20	n	(P-439; A-10181)
		(RQ-12644)
235.30	n	(P-439; A-10181)
		(RQ-12644)
235.40	n	(P-439; A-10181)
		(RQ-12644)
235.45	n	(P-439; A-10181)
		(RQ-12644)
235.50	n	(P-439; A-10181)
		(RQ-12644)
235.60	n	(P-439; A-10181)
		(RQ-12644)
235.100	n	(P-439; A-10181)
		(RQ-12644)
235.110	n	(P-439; A-10181)
		(RQ-12644)
235.120	n	(P-439; A-10181)
		(RQ-12644)
235.130	n	(P-439; A-10181)
		(RQ-12644)
235.135	n	(P-439; A-10181)
		(RQ-12644)
235.140	n	(P-439; A-10181)
		(RQ-12644)
235.150	n	(P-439; A-10181)
		(RQ-12644)
260.40	am	(P-5550; A-14196)
1015.10	n	(P-14852/91; A-4496)

TITLE 23 (CONT'D)

1015.20	n	(P-14852/91; A-4496)
1015.30	n	(P-14852/91; A-4496)
1015.40	n	(P-14852/91; A-4496)
1015.50	n	(P-14852/91; A-4496)
1015.60	n	(P-14852/91; A-4496)
1015.70	n	(P-14852/91; A-4496)
1501.101	am	(P-18022/91; A-12445)
1501.111	r	(P-18022/91; A-12445)
1501.112	r	(P-18022/91; A-12445)
1501.114	n	(P-18022/91; A-12445)
1501.201	r	(P-18022/91; A-12445)
1501.201	n	(P-18022/91; A-12445)
1501.202	r	(P-18022/91; A-12445)
1501.202	n	(P-18022/91; A-12445)
1501.203	r	(P-18022/91; A-12445)
1501.203	n	(P-18022/91; A-12445)
1501.204	r	(P-18022/91; A-12445)
1501.204	n	(P-18022/91; A-12445)
1501.205	r	(P-18022/91; A-12445)
1501.301	am	(P-18022/91; A-12445)
1501.305	am	(P-18022/91; A-12445)
1501.402	am	(P-18022/91; A-12445)
1501.509	am	(P-10524)
1501.515	am	(P-10524)
1501.517	am	(P-18022/91; A-12445)
1501.518	n	(P-12274)
1501.601	am	(P-18022/91; A-12445)
2700.10	am	(P-4368; A-11206)
2700.20	am	(P-4368; A-11206)
2700.30	am	(P-4368; A-11206)
2700.40	am	(P-4368; A-11206)
2700.50	am	(P-4368; A-11206)
2700.55	am	(P-4368; A-11206)
2700.60	am	(P-4368; A-11206)
2700.70	am	(P-4368; A-11206)
2720.5	am	(P-4386; A-11224)
2720.6	am	(P-4386; A-11224)
2720.10	am	(P-15026/91; A-4060)
		(P-4386; A-11224)
2720.20	am	(P-4386; A-11224)
2720.25	n	(P-4386; A-11224)
2720.30	am	(P-4386; A-11224)
2720.40	am	(P-1502691; A-4060)
		(P-4386; A-11224)
2720.50	am	(P-4386; A-11224)
2720.55	am	(P-4386; A-11224)
2720.60	am	(P-4386; A-11224)
2720.70	am	(P-4386; A-11224)
2720.80	am	(P-4386; A-11224)
2720.90	n	(P-4386; A-11224)
2720.105	am	(P-4386; A-11224)
2720.120	am	(P-4386; A-11224)
2720.130	am	(P-4386; A-11224)
2720.200	am	(P-4386; A-11224)
2720.210	am	(P-4386; A-11224)
2720.Ap.A	am	(P-4386; A-11224)
2730.5	am	(P-4416; A-11254)
2730.10	am	(P-4416; A-11254)
2730.20	am	(P-4416; A-11254)
2733.10	am	(P-4423; A-11261)
2733.20	am	(P-4423; A-11261)
		(P-18121/91; A-6880)
2733.30	am	(P-4423; A-11261)
		(P-18121/91; A-6880)
2735.10	am	(P-4458; A-11296)
2735.20	am	(P-4458; A-11296)
2735.30	am	(P-4458; A-11296)
2735.40	am	(P-4458; A-11296)
2735.50	am	(P-4458; A-11296)
2735.60	am	(P-4458; A-11296)
2735.70	am	(P-4458; A-11296)
2735.80	am	(P-4458; A-11296)
2735.100	am	(P-4458; A-11296)
2735.Ap.A	am	(P-4458; A-11296)
2760.5	am	(P-4483; A-11321)
2760.10	am	(P-4483; A-11321)
2760.30	am	(P-4483; A-11321)
2760.40	am	(P-4483; A-11321)
2761.10	am	(P-4452; A-11290)
2761.20	am	(P-4452; A-11290)
2761.30	am	(P-4452; A-11290)
2762.10	am	(P-4475; A-11313)
2762.20	am	(P-4475; A-11313)
2762.30	am	(P-4475; A-11313)
2762.40	am	(P-4475; A-11313)
2763.10	n	(P-18129/91; A-7048)
2763.20	n	(P-18129/91; A-7048)
2763.30	n	(P-18129/91; A-7048)
2763.40	n	(P-18129/91; A-7048)
2763.50	n	(P-18129/91; A-7048)
2770.10	#	(P-4491; A-11329)
2770.10	n	(P-4491; A-11329)
2770.20	n	(P-4491; A-11329)
2770.30	#	(P-4491; A-11329)
2770.30	am	(P-4491; A-11329)
2771.10	n	(P-18114/91; A-6873)
2771.20	n	(P-18114/91; A-6873)
2771.30	n	(P-18114/91; A-6873)
2771.Ap.A	n	(P-18114/91; A-6873)
2790.10	am	(P-4431; A-11269)
2790.20	am	(P-4431; A-11269)

TITLE 23 (CONT'D)

2790.30	am	(P-4431; A-11269)
2790.40	am	(P-4431; A-11269)
2790.50	am	(P-4431; A-11269)
2790.60	am	(P-4431; A-11269)
2790.70	am	(P-4431; A-11269)
2790.80	am	(P-4431; A-11269)
2790.90	am	(P-4431; A-11269)
2790.100	am	(P-4431; A-11269)
2790.110	am	(P-4431; A-11269)
2790.120	am	(P-4431; A-11269)
2790.130	am	(P-4431; A-11269)
2790.140	am	(P-4431; A-11269)
2790.Ap.A	r	(P-4431; A-11269)
3030.50	am	(P-15968/91; A-10329)
3040.160	am	(P-7321; A-13084)

TITLE 26

100.30	r	(P-5939/91; A-6982)
125.425	am	(P-5943/91; A-6986)

TITLE 29

205.10	am	(P-5556)
205.20	am	(P-5556)
205.30	am	(P-5556)
205.40	am	(P-5556)
700.1	n	(P-17440/91; A-11170)
700.5	n	(P-17440/91; A-11170)
700.10	n	(P-17440/91; A-11170)
700.15	n	(P-17440/91; A-11170)
700.20	n	(P-17440/91; A-11170)
700.25	n	(P-17440/91; A-11170)
700.30	n	(P-17440/91; A-11170)
700.35	n	(P-17440/91; A-11170)
700.40	n	(P-17440/91; A-11170)
700.45	n	(P-17440/91; A-11170)
700.50	n	(P-17440/91; A-11170)
700.55	n	(P-17440/91; A-11170)
700.60	n	(P-17440/91; A-11170)
700.65	n	(P-17440/91; A-11170)

TITLE 32

195	(See 35 Ill. Adm. Code 183)	
210.10	n	(P-2003)
210.20	n	(P-2003)
210.30	n	(P-2003)
210.40	n	(P-2003)
210.50	n	(P-2003)
210.60	n	(P-2003)
210.70	n	(P-2003)
331.110	am	(P-2984; A-11479)
331.120	am	(P-2984; A-11479)
331.130	am	(P-2984; A-11479)
331.200	am	(P-2984; A-11479)
331.Ap.A	r	(P-2984; A-11479)
331.Tb.A	r	(P-2984; A-11479)
331.Tb.B	r	(P-2984; A-11479)
331.Tb.C	r	(P-2984; A-11479)
331.Ap.B	am	(P-2984; A-11479)
331.Ap.C	r	(P-2984; A-11479)
340.4010	am	(P-2746; A-11538)
400.120	am	(P-2739; A-11531)
400.140	am	(P-2739; A-11531)
400.150	am	(P-2739; A-11531)
400.160	am	(P-2739; A-11531)
401.70	am	(P-1474; A-9115)
401.110	am	(P-1474; A-9115)
401.130	am	(P-1474; A-9115)
401.140	am	(P-1474; A-9115)
401.150	am	(P-1474; A-9115)
401.160	n	(P-1474; A-9115)
401.Ap.B	am	(P-1474; A-9115)
401.Ap.C	n	(P-1474; A-9115)
504.10	n	(P-4163; A-11544)
504.20	n	(P-4163; A-11544)
504.30	n	(P-4163; A-11544)
504.40	n	(P-4163; A-11544)
504.50	n	(P-4163; A-11544)
504.60	n	(P-4163; A-11544)
504.70	n	(P-4163; A-11544)

TITLE 35

101.101	am	(P-10387)
101.103	am	(P-10387)
183.105	am	(P-12017; W-12792) (P-12659)
183.110	am	(P-12017; W-12792) (P-12659)
183.115	am	(P-12017; W-12792) (P-12659)
183.120	am	(P-12017; W-12792) (P-12659)
183.125	am	(P-12017; W-12792) (P-12659)
183.130	am	(P-12017; W-12792) (P-12659)
183.131	n	(P-12017; W-12792) (P-12659)
183.132	n	(P-12017; W-12792) (P-12659)

TITLE 35 (CONT'D)

183.133	n	(P-12017; W-12792) (P-12659)
183.134	n	(P-12017; W-12792) (P-12659)
183.135	am	(P-12017; W-12792) (P-12659)
183.140	am	(P-12017; W-12792) (P-12659)
183.145	am	(P-12017; W-12792) (P-12659)
183.150	am	(P-12017; W-12792) (P-12659)
183.160	am	(P-12017; W-12792) (P-12659)
183.170	r	(P-12017; W-12792) (P-12659)
183.210	am	(P-12017; W-12792) (P-12659)
183.215	am	(P-12017; W-12792) (P-12659)
183.220	am	(P-12017; W-12792) (P-12659)
183.225	am	(P-12017; W-12792) (P-12659)
183.230	am	(P-12017; W-12792) (P-12659)
183.231	n	(P-12017; W-12792) (P-12659)
183.235	am	(P-12017; W-12792) (P-12659)
183.235	am	(P-12017; W-12792) (P-12659)
183.240	am	(P-12017; W-12792) (P-12659)
183.245	am	(P-12017; W-12792) (P-12659)
183.250	am	(P-12017; W-12792) (P-12659)
183.255	am	(P-12017; W-12792) (P-12659)
183.310	am	(P-12017; W-12792) (P-12659)
183.315	am	(P-12017; W-12792) (P-12659)
183.320	am	(P-12017; W-12792) (P-12659)
183.325	am	(P-12017; W-12792) (P-12659)
183.330	am	(P-12017; W-12792) (P-12659)
183.335	am	(P-12017; W-12792) (P-12659)
183.340	am	(P-12017; W-12792) (P-12659)
183.345	am	(P-12017; W-12792) (P-12659)
183.350	am	(P-12017; W-12792) (P-12659)
183.355	am	(P-12017; W-12792) (P-12659)
183.360	am	(P-12017; W-12792) (P-12659)
183.365	am	(P-12017; W-12792) (P-12659)
183.370	am	(P-12017; W-12792) (P-12659)
183.406	n	(P-12017; W-12792) (P-12659)
183.410	am	(P-12017; W-12792) (P-12659)
183.415	am	(P-12017; W-12792) (P-12659)
183.420	am	(P-12017; W-12792) (P-12659)
183.425	am	(P-12017; W-12792) (P-12659)
183.430	am	(P-12017; W-12792) (P-12659)
183.435	am	(P-12017; W-12792) (P-12659)
183.440	am	(P-12017; W-12792) (P-12659)
183.445	am	(P-12017; W-12792) (P-12659)
183.450	am	(P-12017; W-12792) (P-12659)
183.Ap.A	am	(P-12017; W-12792) (P-12659)
183.Ap.B	n	(P-12017; W-12792) (P-12659)
190	(See 35 Ill. Adm. Code 183)	
203.145	am	(P-6631; A-13551)
211.101	am	(P-15875/91;A-7656)
211.122	am	(P-15875/91;A-7656) (P-6606; A-13526)
212.107	n	(P-16564/91; A-7880)
212.108	n	(P-16564/91; A-7880)
212.109	n	(P-16564/91; A-7880)
212.110	am	(P-16564/91; A-7880)
212.113	am	(P-16564/91; A-7880) (P-41; A-8204)

TITLE 35 (CONT'D)

212.210	n	(P-16564/91; A-7880)
212.302	am	(P-16564/91; A-7880)
212.309	am	(P-16564/91; A-7880)
212.316	n	(P-16564/91; A-7880)
212.324	n	(P-16564/91; A-7880)
212.362	n	(P-16564/91; A-7880)
212.424	am	(P-41; A-8204)
212.425	n	(P-16564/91; A-7880)
212.443	am	(P-41; A-8204)
212.445	am	(P-41; A-8204)
212.458	n	(P-16564/91; A-7880)
212.464	n	(P-16564/91; A-7880)
212.II.D	n	(P-16564/91; A-7880)
212.II.E	n	(P-16564/91; A-7880)
212.II.F	n	(P-16564/91; A-7880)
215.100	am	(P-4682; A-13849)
215.109	am	(P-6635; A-13555)
215.123	am	(P-4170; A-13849)
215.215	n	(P-11059/91; A-3132)
215.583	am	(P-4170; A-13849)
216.382	n	(P-9297)
218.103	am	(P-4693; A-13864)
218.104	am	(P-6643; A-13564)
218.106	am	(P-4693; A-13864)
218.113	n	(P-6643; A-13564)
218.583	am	(P-4184; A-13864)
218.586	n	(P-4184; A-13864)
219.104	am	(P-6676: A-13597)
219.113	n	(P-6676; A-13597)
219.583	am	(P-4200; A-13883)
219.586	n	(P-4200; A-13883)
240.102	am	(P-12109/91; A-6184)
240.107	n	(P-12109/91; A-6184)
240.122	am	(P-12109/91; A-6184)
240.140	n	(P-12109/91; A-6184)
240.141	n	(P-12109/91; A-6184)
243.108	am	(P-16; A-8185)
243.120	n	(P-16; A-8185)
243.121	r	(P-16; A-8185)
244.101	am	(P-22; A-8191)
244.106	am	(P-22; A-8191)
244.107	am	(P-22; A-8191)
244.121	am	(P-22; A-8191)
244.161	am	(P-22; A-8191)
244.162	am	(P-22; A-8191)
244.163	am	(P-22; A-8191)
244.166	am	(P-22; A-8191)
244.167	am	(P-22; A-8191)
244.168	am	(P-22; A-8191)
244.169	am	(P-22; A-8191)
244.Ap.D	am	(P-22; A-8191)
276.101	am	(P-13607; A-10230)
276.102	am	(P-13607; A-10230)
276.204	am	(P-13607; A-10230)
276.206	n	(P-13607; A-10230)
276.301	am	(P-13607; A-10230)
276.303	am	(P-13607; A-10230)
276.304	am	(P-13607; A-10230)
276.307	am	(P-13607; A-10230)
276.308	n	(P-13607; A-10230)
276.309	am	(P-13607; A-10230)
276.310	am	(P-13607; A-10230)
276.311	am	(P-13607; A-10230)
276.401	am	(P-13607; A-10230)
276.402	am	(P-13607; A-10230)
276.701	am	(P-13607; A-10230)
276.702	am	(P-13607; A-10230)
276.703	am	(P-13607; A-10230)
303.203	am	(P-17026/91; W-7511)
		(P-7302; A-14684)
307.1101	am	(P-17523/91; A-7377)
307.2400	am	(P-17523/91; A-7377)
307.2401	am	(P-17523/91; A-7377)
307.2402	am	(P-17523/91; A-7377)
307.2403	am	(P-17523/91; A-7377)
307.2404	am	(P-17523/91; A-7377)
307.2405	am	(P-17523/91; A-7377)
307.2406	am	(P-17523/91; A-7377)
307.2407	am	(P-17523/91; A-7377)
307.2490	am	(P-17523/91; A-7377)
307.3100	am	(P-17523/91; A-7377)
307.3109	am	(P-17523/91; A-7377)
307.3115	am	(P-17523/91; A-7377)
307.3119	am	(P-17523/91; A-7377)
307.3120	am	(P-17523/91; A-7377)
307.3124	am	(P-17523/91; A-7377)
307.3129	am	(P-17523/91; A-7377)
309.103	am	(P-17471/91; A-7339)
310.103	am	(P-17481/91; A-7346)
310.105	am	(P-17481/91; A-7346)
310.107	am	(P-17481/91; A-7346)
310.110	am	(P-17481/91; A-7346)
310.201	am	(P-17481/91; A-7346)
310.202	am	(P-17481/91; A-7346)
310.210	am	(P-17481/91; A-7346)
310.220	am	(P-17481/91; A-7346)
310.221	am	(P-17481/91; A-7346)
310.222	am	(P-17481/91; A-7346)
310.230	am	(P-17481/91; A-7346)
310.232	am	(P-17481/91; A-7346)
310.233	am	(P-17481/91; A-7346)

TITLE 35 (CONT'D)

310.330	am	(P-17481/91; A-7346)
310.510	am	(P-17481/91; A-7346)
310.611	am	(P-17481/91; A-7346)
310.613	am	(P-17481/91; A-7346)
310.633	am	(P-17481/91; A-7346)
310.635	am	(P-17481/91; A-7346)
320.101	n	(P-12746)
320.102	n	(P-12746)
320.103	n	(P-12746)
320.104	n	(P-12746)
320.105	n	(P-12746)
320.201	n	(P-12746)
320.202	n	(P-12746)
320.203	n	(P-12746)
320.204	n	(P-12746)
320.301	n	(P-12746)
320.302	n	(P-12746)
360.601	am	(P-15202/91; A-5891)
360.602	am	(P-15202/91; A-5891)
365.103	am	(P-3745)
365.104	am	(P-3745)
365.203	am	(P-3745)
365.304	am	(P-3745)
365.401	am	(P-3745)
365.402	am	(P-3745)
365.403	am	(P-3745)
365.404	am	(P-3745)
365.405	am	(P-3745)
365.503	am	(P-3745)
365.602	am	(P-3745)
365.603	am	(P-3745)
365.604	am	(P-3745)
365.803	n	(P-3745)
365.903	am	(P-3745)
365.1101	am	(P-3745)
601.105	am	(P-9829/91; O-17792/91) R-1713; A-1585)
611.101	am	(P-5582)
611.102	am	(P-5582)
611.110	am	(P-5582)
611.111	am	(P-5582)
611.112	am	(P-5582)
611.295	n	(P-5582)
611.296	n	(P-5582)
611.300	am	(P-5582)
611.301	n	(P-5582)
611.310	am	(P-5582)
611.311	am	(P-5582)
611.526	am	(P-5582)
611.591	#	(P-5582)
611.592	#	(P-5582)
611.600	n	(P-5582)
611.601	am	(P-5582)
611.602	#	(P-5582)
611.602	n	(P-5582)
611.603	#	(P-5582)
611.603	n	(P-5582)
611.604	n	(P-5582)
611.605	n	(P-5582)
611.606	am	(P-5582)
611.607	am	(P-5582)
611.608	n	(P-5582)
611.609	n	(P-5582)
611.610	#	(P-5582)
611.610	n	(P-5582)
611.611	n	(P-5582)
611.630	#	(P-5582)
611.631	n	(P-5582)
611.640	n	(P-5582)
611.641	am	(P-5582)
611.645	am	(P-5582)
611.646	n	(P-5582)
611.647	#	(P-5582)
611.647	am	(P-5582)
611.648	#	(P-5582)
611.648	n	(P-5582)
611.650	r	(P-5582)
611.657	r	(P-5582)
611.658	n	(P-5582)
611.851	am	(P-5582)
611.Ap.A	am	(P-5582)
615.101	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.102	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.103	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.104	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.105	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.201	n	(P-10303/91; O-17791/91; R-1702; A-1538)

TITLE 35 (CONT'D)

615.202	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.203	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.204	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.205	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.206	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.207	n	(P-10303/91; O-11791/91; R-1702; A-1538)
615.208	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.209	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.210	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.211	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.301	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.302	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.303	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.304	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.305	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.306	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.307	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.401	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.402	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.403	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.404	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.421	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.422	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.423	n	(P-10303/91;-17791/91; R-1702; A-1538)
615.424	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.425	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.441	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.442	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.443	n	(P-10303/91; O-17791/91; R-1702; A-1538
615.444	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.445	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.446	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.447	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.461	n	(P-10303/91; O-17791/91; R-1702; A-1538)

TITLE 35 (CONT'D)

615.462	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.463	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.464	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.501	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.502	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.601	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.602	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.603	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.604	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.621	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.622	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.623	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.624	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.701	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.702	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.703	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.704	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.705	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.721	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.722	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.723	n	(P-10303/91; O-17791/91; R-1702; A-1538)
615.724	n	(P-10303/91; O-17791/91; R-1702; A-1538)
616.101	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.102	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.104	n	(P-9836/91; O-17793/91; R-1723; A-1592) (P-7295; A-14676)
616.105	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.201	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.202	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.203	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.204	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.205	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.206	n	(P-9836/91; O-17793/91; R-1723; A-1592)

TITLE 35 (CONT'D)

616.207	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.208	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.209	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.210	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.211	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.301	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.302	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.303	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.304	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.305	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.306	n	(P-9836/91;O-17793/91; R-1723; A-1592)
616.307	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.401	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.402	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.421	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.422	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.423	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.424	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.425	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.441	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.442	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.443	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.444	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.445	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.446	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.447	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.462	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.463	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.464	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.501	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.502	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.601	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.602	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.603	n	(P-9836/91; O-17793/91; R-1723; A-1592)

TITLE 35 (CONT'D)

616.604	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.605	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.621	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.622	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.623	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.624	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.625	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.701	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.702	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.703	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.704	n	(P-9836/91; O-17793/91 R-1723; A-1592)
616.705	n	(P-9836/91; O-17793/91; R1723; A-1592)
616.721	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.722	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.723	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.724	n	(P-9836/91; O-17793/91; R-1723; A-1592)
616.725	n	(P-9836/91; O-17793/91; R-1723; A-1592)
617.101	n	(P-9882/91; O-17794/91; R-1734; A-1639)
617.102	n	(P-9882/91; O-17794/91; R-1734; A-1639)
620.450	am	(P-7286; A-14667)
703.150	am	(P-1058; A-9767)
703.155	am	(P-1058; A-9767)
703.157	am	(P-1058; A-9767)
703.208	n	(P-1058; A-9767)
703.211	am	(P-1058; A-9767)
703.232	n	(P-1058; A-9767
703.280	am	(P-1058; A-8767) (P-9767)
703.283	am	(P-1058; A-8767) (P-9767)
703.Ap.A	am	(P-1058; A-9767)
720.110	am	(P-791; A-9489) (P-9301)
720.111	am	(P-791; A-9489) (P-9301)
721.102	am	(P-820; A-9519)
721.103	am	(P-820; A-9519)
721.104	am	(P-820; A-9519)
721.106	am	(P-820; A-9519)
721.120	am	(P-820; A-9519)
721.122	am	(P-9330)
721.131	am	(P-820; A-9519) (P-15910/91; A-2600)
721.132	am	(P-820; A-9519)
721.Ap.I	am	(P-9288/91; A-2155)
721.Tb.A	am	(P-9288/91; A-2155)
721.Tb.B	am	(P-9288/91; A-2155)
721.Tb.D	n	(P-820; A-9519)
722.110	am	(P-1112; A-9822)
722.134	am	(P-1112; A-9822)
722.153	am	(P-9358)
722.156	am	(P-9358)
724.212	am	(P-1123; A-9833)
724.247	am	(P-9364)
724.440	am	(P-1123; A-9833)
724.930	am	(P-1123; A-9833)
724.935	am	(P-1123; A-9833)
725.113	am	(P-875; A-9578)
725.173	am	(P-875; A-9578)
725.191	am	(P-9336)
725.212	am	(P-875; A-9578)
725.213	am	(P-875; A-9578)
725.247	am	(P-9336)

TITLE 35 (CONT'D)

725.440	am	(P-875; A-9578)
725.470	am	(P-875; A-9578)
725.935	am	(P-875; A-9578)
725.952	am	(P-875; A-9578)
726.130	r	(P-1148; A-9858)
726.131	r	(P-1148; A09858)
726.132	r	(P-1148; A-9858)
726.133	r	(P-1148; A-9858)
726.134	r	(P-1148; A-9858)
726.135	r	(P-1148; A-9858)
726.140	am	(P-1148; A-9858)
726.200	n	(P-1148; A-9858)
726.201	n	(P-1148; A-9858)
726.202	n	(P-1148; A-9858)
726.203	n	(P-1148; A-9858)
726.204	n	(P-1148; A-9858)
726.205	n	(P-1148; A-9858)
726.206	n	(P-1148; A-9858)
726.207	n	(P-1148; A-9858)
726.208	n	(P-1148; A-9858)
726.209	n	(P-1148; A-9858)
726.210	n	(P-1148; A-9858)
726.211	n	(P-1148; A-9858)
726.212	n	(P-1148; A-9858)
726.219	n	(P-1148; A-9858)
726.Ap.A	n	(P-1148; A-9858)
726.Ap.B	n	(P-1148; A-9858)
726.Ap.C	n	(P-1148; A-9858)
726.Ap.D	n	(P-1148; A-9858)
726.Ap.E	n	(P-1148; A-9858)
726.Ap.F	n	(P-1148; A-9858)
726.Ap.G	n	(P-1148; A-9858)
726.Ap.H	n	(P-1148; A-9858)
726.Ap.I	n	(P-1148; A-9858)
726.Ap.J	n	(P-1148; A-9858)
726.Ap.K	n	(P-1148; A-9858)
726.Ap.L	n	(P-1148; A-9858)
726.Tb.A	n	(P-1148; A-9858)
728.107	am	(P-916; A-9619)
728.109	am	(P-916; A-9619)
728.110	n	(P-916; A-9619)
728.111	n	(P-916; A-9619
728.112	n	(P-916; A-9619)
728.113	n	(P-916; A-9619)
728.133	am	(P-916; A-9619)
728.135	am	(P-916; A-9619)
728.140	am	(P-916; A-9619)
728.141	am	(P-916; A-9619)
728.142	am	(P-916; A-9619)
728.144	am	(P-916; A-9619)
728.Ap.D	am	(P-916; A-9619)
728.Ap.E	am	(P-916; A-9619)
728.Ap.G	am	(P-916; A-9619)
728.Ap.H	am	(P-916; A-9619)
728.Ap.I	n	(P-916; A-9619)
728.Tb.A	am	(P-916; A-9619)
728.Tb.B	am	(P-916; A-9619)
728.Tb.C	am	(P-916; A-9619)
728.Tb.D	am	(P-916; A-9619)
728.Tb.E	am	(P-916; A-9619)
728.Tb.H	n	(P-916; A-9619)
731.110	am	(P-2330; A-7407)
731.111	r	(P-2330; A-7407)
731.112	am	(P-2330; A-7407)
731.113	am	(P-2330; A-7407)
731.114	r	(P-2330; A-7407)
731.120	r	(P-2330; A-7407)
731.121	r	(P-2330; A-7407)
731.122	am	(P-2330; A-7407)
731.130	r	(P-2330; A-7407)
731.131	r	(P-2330; A-7407)
731.132	r	(P-2330; A-7407)
731.133	r	(P-2330; A-7407)
731.134	r	(P-2330; A-7407)
731.140	r	(P-2330; A-7407)
731.141	r	(P-2330; A-7407)
731.142	r	(P-2330; A-7407)
731.143	r	(P-2330; A-7407)
731.144	r	(P-2330; A-7407)
731.145	r	(P-2330; A-7407)
731.150	r	(P-2330; A-7407)
731.151	r	(P-2330; A-7407)
731.152	r	(P-2330; A-7407)
731.153	r	(P-2330; A-7407)
731.161	am	(P-2330; A-7407)
731.162	am	(P-2330; A-7407)
731.170	r	(P-2330; A-7407)
731.171	r	(P-2330; A-7407)
731.172	r	(P-2330; A-7407)
731.173	r	(P-2330; A-7407)
731.174	r	(P-2330; A-7407)
731.190	r	(P-2330; A-7407)
731.191	r	(P-2330; A-7407)
731.192	r	(P-2330; A-7407)
731.193	r	(P-2330; A-7407)
731.194	r	(P-2330; A-7407)
731.195	r	(P-2330; A-7407)
731.196	r	(P-2330; A-7407)
731.197	r	(P-2330; A-7407)
731.198	r	(P-2330; A-7407)
731.199	r	(P-2330; A-7407)

TITLE 35 (CONT'D)

731.200	r	(P-2330; A-7407)
731.202	r	(P-2330; A-7407)
731.203	r	(P-2330; A-7407)
731.204	r	(P-2330; A-7407)
731.205	r	(P-2330; A-7407)
731.206	r	(P-2330; A-7407)
731.207	r	(P-2330; A-7407)
731.208	r	(P-2330; A-7407)
731.209	r	(P-2330; A-7407)
731.210	r	(P-2330; A-7407)
731.211	r	(P-2330; A-7407)
731.Ap.A	am	(P-2330; A-7407)
731.Ap.C	n	(P-2330; A-7407)
809.901	r	(P-13017/91; A-130)
809.902	r	(P-13017/91; A-130)
809.903	r	(P-13017/91; A-130)
809.904	r	(P-13017/91; A-130)
809.905	r	(P-13017/91; A-130)
809.906	r	(P-13017/91; A-130)
848.101	am	(P-13004/91; A-3114)
848.202	am	(P-13004/91; A-3114)
848.205	am	(P-13004/91; A-3114)
848.206	n	(P-13004/91; A-3114)
848.207	n	(P-13004/91; A-3114)
848.208	n	(P-13004/91; A-3114)
849.101	r	(P-13265/91; A-2880)
849.102	r	(P-13265/91; A-2880)
849.103	r	(P-13265/91; A-2880)
849.104	r	(P-13265/91; A-2880)
849.105	r	(P-13265/91; A-2880)
849.106	r	(P-13265/91; A-2880)
858.207	am	(P-4621)
859.101	n	(P-8348/91; A-6995)
859.102	n	(P-8348/91; A-6995)
859.103	n	(P-8348/91; A-6995)
859.201	n	(P-8348/91; A-6995)
859.202	n	(P-8348/91; A-6995)
859.203	n	(P-8348/91; A-6995)
859.204	n	(P-8348/91; A-6995)
859.205	n	(P-8348/91; A-6995)
859.301	n	(P-8348/91; A-6995)
859.302	n	(P-8348/91; A-6995)
859.303	n	(P-8348/91; A-6995)
875.100	n	(P-10542)
875.101	n	(P-10542)
875.102	n	(P-10542)
875.200	n	(P-10542)
875.201	n	(P-10542)
875.202	n	(P-10542)
875.203	n	(P-10542)
875.204	n	(P-10542)
875.205	n	(P-10542)
875.206	n	(P-10542)
875.207	n	(P-10542)
875.208	n	(P-10542)
875.209	n	(P-10542)
875.210	n	(P-10542)
875.300	n	(P-10542)
875.301	n	(P-10542)
875.302	n	(P-10542)
875.303	n	(P-10542)
875.304	n	(P-10542)
875.305	n	(P-10542)
875.400	n	(P-10542)
875.401	n	(P-10542)
875.402	n	(P-10542)
880.100	n	(P-6127; A-13505)
880.101	n	(P-6127; A-13505)
880.102	n	(P-6127; A-13505)
880.103	n	(P-6127; A-13505)
880.104	n	(P-6127; A-13505)
880.105	n	(P-6127; A-13505)
880.106	n	(P-6127; A-13505)
880.200	n	(P-6127; A-13505)
880.201	n	(P-6127; A-13505)
880.202	n	(P-6127; A-13505)
880.203	n	(P-6127; A-13505)
880.300	n	(P-6127; A-13505)
880.301	n	(P-6127; A-13505)
1420.101	n	(P-17016/91; A-2594)
1420.102	n	(P-17016/91; A-2594)

TITLE 38

180.10	am	(P-14006)
180.22	n	(P-14006)
180.24	n	(P-14006)
180.30	am	(P-14006)
180.92	n	(P-14006)
180.94	n	(P-14006)
180.100	am	(P-14006)
190.40	am	(P-12754) (E-12781)
200.100	n	(P-7250; A-12879)
200.110	n	(P-7250; A-12879)
200.155	n	(P-7250; A-12879)
200.160	n	(P-7250; A-12879)
200.165	n	(P-7250; A-12879)
200.200	n	(P-7250; A-12879)
200.205	n	(P-7250; A-12879)
200.210	n	(P-7250; A-12879)
200.215	n	(P-7250; A-12879)
200.220	n	(P-7250; A-12879)

TITLE 38 (CONT'D)

200.221	n	(P-7250; A-12879)
200.225	n	(P-7250; A-12879)
200.230	n	(P-7250; A-12879)
200.235	n	(P-7250; A-12879)
200.240	n	(P-7250; A-12879)
200.245	n	(P-7250; A-12879)
200.250	n	(P-7250; A-12879)
200.270	n	(P-7250; A-12879)
200.280	n	(P-7250; A-12879)
200.290	n	(P-7250; A-12879)
200.310	n	(P-7250; A-12879)
200.320	n	(P-7250; A-12879)
200.400	n	(P-7250; A-12879)
200.402	n	(P-7250; A-12879)
200.404	n	(P-7250; A-12879)
200.406	n	(P-7250; A-12879)
200.408	n	(P-7250; A-12879)
200.410	n	(P-7250; A-12879)
200.412	n	(P-7250; A-12879)
200.414	n	(P-7250; A-12879)
200.416	n	(P-7250; A-12879)
200.418	n	(P-7250; A-12879)
200.420	n	(P-7250; A-12879)
200.422	n	(P-7250; A-12879)
200.424	n	(P-7250; A-12879)
200.426	n	(P-7250; A-12879)
200.428	n	(P-7250; A-12879)
200.430	n	(P-7250; A-12879)
200.432	n	(P-7250; A-12879)
200.434	n	(P-7250; A-12879)
200.436	n	(P-7250; A-12879)
200.438	n	(P-7250; A-12879)
200.440	n	(P-7250; A-12879)
200.442	n	(P-7250; A-12879)
200.444	n	(P-7250; A-12879)
200.446	n	(P-7250; A-12879)
200.448	n	(P-7250; A-12879)
200.450	n	(P-7250; A-12879)
200.452	n	(P-7250; A-12879)
307.10	n	(P-5391; A-12416)
307.20	n	(P-5391; A-12416)
310.710	r	(P-10125) (E-10353 RC-12643)
354.10	n	(P-5395; A-12420)
354.20	n	(P-5395; A-12420)
400.130	am	(P-14394/91; A-4881)
400.141	am	(P-14394/91; A-4881)
400.142	am	(P-14394/91; A-4881)
450.250	am	(P-12406) (E-12634)
450.255	n	(P-12406) (E-12634)
450.290	am	(P-12406) (E-12634)
450.440	am	(P-2763; A-10463) (E-2915)
450.1010	am	(P-2763; A-10463) (E-2915)
450.1250	am	(P-2763; A-10463) (E-2915)
450.1335	am	(P-2763; A-10463) (E-2915)
450.1340	am	(P-2763; A-10463) (E-2915)
1075.120	am	(P-14406/91; A-4891)

TITLE 41

102.1	n	(P-17442/91; A-11172)
102.5	n	(P-17442/91; A-11172)
102.10	n	(P-17442/91; A-11172)
102.15	n	(P-17442/91; A-11172)
102.20	n	(P-17442/91; A-11172)
102.25	n	(P-17442/91; A-11172)
102.30	n	(P-17442/91; A-11172)
102.35	n	(P-17442/91; A-11172)
102.40	n	(P-17442/91; A-11172)
102.45	n	(P-17442/91; A-11172)
102.50	n	(P-17442/91; A-11172)
102.55	n	(P-17442/91; A-11172)
102.60	n	(P-17442/91; A-11172)
102.65	n	(P-17442/91; A-11172)
120.10	am	(P-15823/91; A-6808)
120.900	am	(P-15823/91; A-6808)
120.1000	am	(P-15823/91; A-6808)
120.1010	n	(P-15823/91; A-6808)
120.1020	n	(P-15823/91; A-6808)
120.1030	n	(P-15823/91; A-6808)
120.1040	n	(P-15823/91; A-6808)
120.1041	n	(P-15823/91; A-6808)
120.1100	am	(P-15823/91; A-6808)
120.1200	am	(P-15823/91; A-6808)
120.1280	am	(P-15823/91; A-6808)
120.Ap.B	n	(P-15823/91; A-6808)
140.8	am	(P-14017)
140.12	am	(P-14017)
140.18	n	(P-14017)
140.40	am	(P-14017)
140.50	am	(P-14017)
140.55	am	(P-14017)
140.60	am	(P-14017)
140.65	am	(P-14017)
140.70	am	(P-14017)
140.80	am	(P-14017)
140.90	am	(P-14017)

TITLE 41 (CONT'D)

140.130	am	(P-14017)
140.140	am	(P-14017)
140.150	am	(P-14017)
140.160	am	(P-14017)
140.171	am	(P-14017)
140.180	am	(P-14017)
140.185	am	(P-14017)
140.220	am	(P-14017)
140.230	am	(P-14017)
140.232	n#	(P-14017)
140.234	n#	(P-14017)
140.236	n#	(P-14017)
140.240	n	(P-14017)
140.305	am	(P-14017)
140.310	am	(P-14017)
140.390	am	(P-14017)
140.400	am	(P-14017)
140.420	n	(P-14017)
170.800	n	(P-10875/91; A-4845)
170.810	n	(P-10875/91; A-4845)
170.820	n	(P-10875/91; A-4845)
170.830	n	(P-10875/91; A-4845)
170.840	n	(P-10875/91; A-4845)
170.850	n	(P-10875/91; A-4845)
170.860	n	(P-10875/91; A-4845)
170.870	n	(P-10875/91; A-4845)
170.880	n	(P-10875/91; A-4845)
170.890	n	(P-10875/91; A-4845)
170.900	n	(P-10875/91; A-4845)
170.910	n	(P-10875/91; A-4845)
215.1	n	(P-1954)
215.2	n	(P-1954)
215.20	n	(P-1954)
215.30	n	(P-1954)
215.40	n	(P-1954)
215.50	n	(P-1954)
215.60	n	(P-1954)
215.70	n	(P-1954)
270.10	n	(P-14845/91; A-6842)
270.20	n	(P-14845/91; A-6842)
270.30	n	(P-14845/91; A-6842)
270.40	n	(P-14845/91; A-6842)
270.50	n	(P-14845/91; A-6842)
270.60	n	(P-14845/91; A-6842)
270.70	n	(P-14845/91; A-6842)
270.80	n	(P-14845/91; A-6842)
300.10	n	(P-10560)
300.15	n	(P-10560)
300.20	n	(P-10560)
300.25	n	(P-10560)
300.30	n	(P-10560)
300.35	n	(P-10560)
300.40	n	(P-10560)
300.50	n	(P-10560)

TITLE 44

1.100	am	(P-12808) (E-13118)
1.350	am	(P-12808) (E-13118)
1.515	n	(P-12808) (E-13118)
1.530	am	(P-12808) (E-13118)
1.610	am	(P-12808) (E-13118)
1.620	am	(P-12808) (E-13118)
1.630	am	(P-12808) (E-13118)
950.110	r	(P-3695; A-12424)
950.120	r	(P-3695; A-12424)
950.130	r	(P-3695; A-12424)
950.140	r	(P-3695; A-12424)
950.150	r	(P-3695; A-12424)
950.160	r	(P-3695; A-12424)
950.170	r	(P-3695; A-12424)
950.180	r	(P-3695; A-12424)
950.210	r	(P-3695; A-12424)
950.220	r	(P-3695; A-12424)
950.230	r	(P-3695; A-12424)
950.240	r	(P-3695; A-12424)
950.250	r	(P-3695; A-12424)
950.260	r	(P-3695; A-12424)
950.270	r	(P-3695; A-12424)
950.280	r	(P-3695; A-12424)
950.290	r	(P-3695; A-12424)
950.300	r	(P-3695; A-12424)
5000.900	n	(P-11378)
5000.910	n	(P-11378)
5000.920	n	(P-11378)
5000.930	n	(P-11378)
5000.940	n	(P-11378)
5000.950	n	(P-11378)
5000.960	n	(P-11378)
5000.970	n	(P-11378)
5010.240	am	(P-10127)
5010.710	am	(P-10127)
5010.780	am	(P-10127)
5010.1160	am	(P-10127)
5010.1300	am	(P-10127)
5010.1410	n	(P-10127)
5030.130	am	(P-18013/91; A-4826)

TITLE 47

100.10	am	(P-14337/91; A-3940)
100.20	am	(P-14337/91; A-3940)
100.30	am	(P-14337/91; A-3940)

TITLE 47 (CONT'D)

100.40	am	(P-14337/91; A-3940)
100.50	am	(P-14337/91; A-3940)
100.85	am	(P-14337/91; A-3940)
100.103	am	(P-14337/91; A-3940)
100.105	am	(P-14337/91; A-3940)
100.106	r	(P-14337/91; A-3940)
100.110	am	(P-14337/91; A-3940)
100.111	r	(P-14337/91; A-3940)
100.113	am	(P-14337/91; A-3940)
100.115	am	(P-14337/91; A-3940)
100.120	am	(P-14337/91; A-3940)
100.Ap.A	am	(P-14337/91; A-3940)
.II.A	n	(P-14337/91; A-3940)
.II.B	n	(P-14337/91; A-3940)
.II.C	n	(P-14337/91; A-3940)
.II.D	n	(P-14337/91; A-3940)
.II.E	n	(P-14337/91; A-3940)
.II.F	n	(P-14337/91; A-3940)
100.Ap.D	am	(P-14337/91; A-3940)
100.Ap.E	r	(P-14337/91; A-3940)
100.Ap.F	r	(P-14337/91; A-3940)
110.210	n	(P-7141)
110.220	n	(P-7141)
110.230	n	(P-7141)
110.240	n	(P-7141)
110.250	n	(P-7141)
110.260	n	(P-7141)
110.270	n	(P-7141)
110.280	n	(P-7141)
110.290	n	(P-7141)
110.300	n	(P-7141)
110.310	n	(P-7141)
110.320	n	(P-7141)
110.330	n	(P-7141)
110.340	n	(P-7141)
110.350	n	(P-7141)
110.360	n	(P-7141)
120.30	am	(P-13993/91; A-3078)
120.55	am	(P-13993/91; A-3078)
120.80	am	(P-13993/91; A-3078)
120.90	am	(P-13993/91; A-3078)
120.110	am	(P-13993/91; A-3078)
120.115	am	(P-13993/91; A-3078)
140.10	r	(P-13241/91; A-2120)
140.20	r	(P-13241/91; A-2120)
140.30	r	(P-13241/91; A-2120)
140.40	r	(P-13241/91; A-2120)
140.50	r	(P-13241/91; A-2120)
140.60	r	(P-13241/91; A-2120)
310.101	am	(P-1961; A-10248)
310.102	am	(P-1961; A-10248)
310.103	am	(P-1961; A-10248)
310.106	am	(P-1961; A-10248)
310.107	am	(P-1961; A-10248)
310.109	am	(P-1961; A-10248)
310.110	am	(P-1961; A-10248)
310.111	am	(P-1961; A-10248)
310.113	am	(P-1961; A-10248)
310.114	am	(P-1961; A-10248)
310.201	am	(P-1961; A-10248)
310.202	am	(P-1961; A-10248)
310.203	am	(P-1961; A-10248)
310.204	am	(P-1961; A-10248)
310.205	am	(P-1961; A-10248)
310.206	am	(P-1961; A-10248)
310.301	am	(P-1961; A-10248)
310.302	am	(P-1961; A-10248)
310.303	am	(P-1961; A-10248)
310.304	am	(P-1961; A-10248)
310.305	am	(P-1961; A-10248)
310.306	am	(P-1961; A-10248)
310.307	am	(P-1961; A-10248)
310.309	am	(P-1961; A-10248)
310.401	am	(P-1961; A-10248)
310.402	am	(P-1961; A-10248)
310.403	am	(P-1961; A-10248)
310.404	am	(P-1961; A-10248)
310.405	am	(P-1961; A-10248)
310.602	am	(P-1961; A-10248)
310.603	am	(P-1961; A-10248)
310.604	am	(P-1961; A-10248)
310.701	am	(P-1961; A-10248)
310.702	am	(P-1961; A-10248)
310.703	am	(P-1961; A-10248)
310.801	am	(P-1961; A-10248)
310.802	am	(P-1961; A-10248)
310.803	am	(P-1961; A-10248)
310.804	am	(P-1961; A-10248)
310.805	am	(P-1961; A-10248)
310.806	am	(P-1961; A-10248)
310.901	am	(P-1961; A-10248)
310.902	am	(P-1961; A-10248)
310.913	am	(P-1961; A-10248)
350.213	n	(P-5185; A-11831) (E-5369;O-8254; M-9137) (C-12794)
370.101	n	(P-11713) (E-11884)
370.102	n	(P-11713) (E-11884)
370.103	n	(P-11713) (E-11884)
370.104	n	(P-11713) (E-11884)
370.105	n	(P-11713) (E-11884)

TITLE 47 (CONT'D)

370.106	n	(P-11713) (E-11884)
370.107	n	(P-11713) (E-11884)
370.108	n	(P-11713) (E-11884)
370.109	n	(P-11713) (E-11884)
370.110	n	(P-11713) (E-11884)
370.111	n	(P-11713) (E-11884)
370.112	n	(P-11713) (E-11884)
370.113	n	(P-11713) (E-11884)
370.201	n	(P-11713) (E-11884)
370.202	n	(P-11713) (E-11884)
370.203	n	(P-11713) (E-11884)
370.204	n	(P-11713) (E-11884)
370.205	n	(P-11713) (E-11884)
370.206	n	(P-11713) (E-11884)
370.207	n	(P-11713) (E-11884)
370.208	n	(P-11713) (E-11884)
370.209	n	(P-11713) (E-11884)
370.210	n	(P-11713) (E-11884)
370.211	n	(P-11713) (E-11884)
370.212	n	(P-11713) (E-11884)
370.301	n	(P-11713) (E-11884)
370.302	n	(P-11713) (E-11884)
370.303	n	(P-11713) (E-11884)
370.304	n	(P-11713) (E-11884)
370.305	n	(P-11713) (E-11884)
370.401	n	(P-11713) (E-11884)
370.402	n	(P-11713) (E-11884)
370.501	n	(P-11713) (E-11884)
370.502	n	(P-11713) (E-11884)
370.503	n	(P-11713) (E-11884)
370.504	n	(P-11713) (E-11884)
370.505	n	(P-11713) (E-11884)
370.506	n	(P-11713) (E-11884)
370.507	n	(P-11713) (E-11884)
370.508	n	(P-11713) (E-11884)
370.601	n	(P-11713) (E-11884)
370.602	n	(P-11713) (E-11884)
370.603	n	(P-11713) (E-11884)
370.604	n	(P-11713) (E-11884)
370.605	n	(P-11713) (E-11884)
370.701	n	(P-11713) (E-11884)
370.702	n	(P-11713) (E-11884)
370.703	n	(P-11713) (E-11884)
370.704	n	(P-11713) (E-11884)
370.705	n	(P-11713) (E-11884)
370.706	n	(P-11713) (E-11884)
370.707	n	(P-11713) (E-11884)
370.801	n	(P-11713) (E-11884)
370.802	n	(P-11713) (E-11884)
370.901	n	(P-11713) (E-11884)
370.902	n	(P-11713) (E-11884)
370.903	n	(P-11713) (E-11884)
370.904	n	(P-11713) (E-11884)
370.1001	n	(P-11713) (E-11884)
370.1002	n	(P-11713) (E-11884)
370.1003	n	(P-11713) (E-11884)
370.1004	n	(P-11713) (E-11884)
370.1005	n	(P-11713) (E-11884)
370.1006	n	(P-11713) (E-11884)
370.1007	n	(P-11713) (E-11884)
370.1101	n	(P-11713) (E-11884)
410.109	am	(P-11007) (E-11345)
600.10	n	(P-11911/91; A-13514)
600.20	n	(P-11911/91; A-13514)
600.30	n	(P-11911/91; A-13514)
600.40	n	(P-11911/91; A-13514)
600.50	n	(P-11911/91; A-13514)
600.60	n	(P-11911/91; A-13514)

TITLE 50

904.30	am	(P-4159; A-12561)
932.20	am	(P-7279)
932.40	am	(P-7279)
932.60	am	(P-7279)
933.10	n	(P-14074)
933.20	n	(P-14074)
933.30	n	(P-14074)
933.40	n	(P-14074)
1408.10	n	(P-8735)
1408.20	n	(P-8735)
1408.30	n	(P-8725)
1408.40	n	(P-8725)
1408.50	n	(P-8725)
1408.60	n	(P-8725)
1408.70	n	(P-8725)
1408.80	n	(P-8725)
1408.90	n	(P-8725)
.II.A	n	(P-8725)
2008.10	am	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.20	am	(P-14859/91; PF-1743; W-2956; A-2766)
2008.30	am	(P-14859/91; PF-1743; W-2956;A-2766; C-3590)
2008.40	am	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)

TITLE 50 (CONT'D)

2008.50	am	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.60	am	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.61	r	(P-14859/91; PF-1743; W-2956; A-2766)
2008.70	am	(P-14859/91; PF-1743; W-2956; A-2766; C-3590) (P-8768)
2008.71	#	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.71	n	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.71	am	(P-8768)
2008.72	n	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.72	am	(P-8768)
2008.73	n	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.73	am	(P-8768)
2008.74	n	(P-14859/91; PF-1743; W-2956; A-2766)
2008.75	#	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.75	am	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.80	am	(P-14859/91; PF-1743; W-2956; A-2766; C-3590) (P-8768)
2008.81	r	(P-14859/91; PF-1743; W-2956; A-2766)
2008.81	n	(P-14859/91; PF-1743; W-2956; A-2766)
2008.81	am	(P-8768)
2008.82	am	(P-14859/91; PF-1743; W-2956; A-2766)
2008.90	am	(P-14859/91; PF-1743; W-2956; A-2766; C-3590) (P-8768)
2008.100	am	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.101	am	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.102	am	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.103	am	(P-14859/91; PF-1743; W-2956; A-2766; C-3590) (P-8768)
2008.104	am	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.110	am	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.A	am	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.B	am	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.C	#	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.C	n	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.C	am	(P-8768)
2008.Ap.D	r	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.D	n	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.D	am	(P-8768)
2008.Ap.E	#	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.E	n	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.E	am	(P-8768)
2008.Ap.F	n	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.F	am	(P-8768)

TITLE 50 (CONT'D)

2008.Ap.G	n	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.G	am	(P-8768)
2008.Ap.H	n	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.H	am	(P-8768)
2008.Ap.I	n	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.I	am	(P-8768)
2008.Ap.J	n	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.J	am	(P-8768)
2008.Ap.K	n	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.K	am	(P-8768)
2008.Ap.L	n	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.L	am	(P-8768)
2008.Ap.M	#	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.M	am	(P-14859/91; PF-1743; W-2956; A-2766; C-3590) (P-8768)
2008.Ap.N	r	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.N	n	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.O	#	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2008.Ap.O	am	(P-14859/91; PF-1743 W-2956; A-2766; C-3590)
2008.Ap.P	n	(P-14859/91; PF-1743; W-2956; A-2766; C-3590)
2013.10	am	(P-10375)
2013.20	am	(P-10375)
2013.30	am	(P-10375)
2013.40	am	(P-10375)
2013.50	am	(P-10375)
2013.60	am	(P-10375)
2013.70	am	(P-10375)
2015.10	n	(P-6925)
2015.20	n	(P-6925)
2015.30	n	(P-6925)
2015.40	n	(P-6925)
2015.50	n	(P-6925)
2015.60	n	(P-6925)
2600.50	am	(P-7120)
2720.2	n	(E-7506)
2725.2	n	(E-7502)
3201.10	r	(P-9274)
3201.20	r	(P-9274)
3201.30	r	(P-9274)
3201.40	r	(P-9274)
3201.50	r	(P-9274)
3201.60	r	(P-9274)
3201.70	r	(P-9274)
3202.10	r	(P-9288)
3202.20	r	(P-9288)
3202.30	r	(P-9288)
3203.10	r	(P-9284)
3203.20	r	(P-9284)
3204.10	r	(P-9294)
3205.10	r	(P-9291)
3205.20	r	(P-9291)
3205.30	r	(P-9291)
3119.40	am	(P-11055/91; A-126)
3313.40	am	(P-15244/91; A-5329)
6701.Ex.A	am	(P-17013/91; A-5326)
7020.80	am	(P-14511)

TITLE 56

120.100	n	(P-1997)
120.110	n	(P-1997)
120.120	n	(P-1997)
120.130	n	(P-1997)
120.140	n	(P-1997)
120.150	n	(P-1997)
120.160	n	(P-1997)
120.170	n	(P-1997)
250.105	am	(P-15862/91; A-5335)
250.110	r	(P-15862/91; A-5335)
250.115	r	(P-15862/91; A-5335)
250.120	r	(P-15862/91; A-5335)
250.125	r	(P-15862/91; A-5335)
250.130	r	(P-15862/91; A-5335)
250.135	r	(P-15862/91; A-5335)
250.140	r	(P-15862/91; A-5335)
250.145	r	(P-15862/91; A-5335)

TITLE 56 (CONT'D)

250.150	r	(P-15862/91; A-5335)
250.200	am	(P-15862/91; A-5335)
250.500	am	(P-15862/91; A-5335)
250.600	am	(P-15862/91; A-5335)
250.700	am	(P-15862/91; A-5335)
250.705	n	(P-15862/91; A-5335)
250.710	n	(P-15862/91; A-5335)
250.715	n	(P-15862/91; A-5335)
250.805	am	(P-15862/91; A-5335)
250.820	am	(P-15862/91; A-5335)
250.825	am	(P-15862/91; A-5335)
250.855	n	(P-15862/91; A-5335)
250.860	n	(P-15862/91; A-5335)
300.100	r	(P-4626; C-6897; A-13828)
300.110	r	(P-4626; C-6897; A-13828)
300.120	r	(P-4626; C-6897; A-13828)
300.200	r	(P-4626; C-6897; A-13828)
300.210	r	(P-4626; C-6897; A-13828)
300.220	r	(P-4626; C-6897; A-13828)
300.230	r	(P-4626; C-6897; A-13828)
300.300	r	(P-4626; C-6897; A-13828)
300.310	r	(P-4626; C-6897; A-13828)
300.400	r	(P-4626; C-6897; A-13828)
300.410	r	(P-4626; C-6897; A-13828)
300.420	r	(P-4626; C-6897; A-13828)
300.430	r	(P-4626; C-6897; A-13828)
300.440	n	(P-4626; C-6897; A-13828)
300.450	n	(P-4626; C-6897; A-13828)
300.460	n	(P-4626; C-6897; A-13828)
300.500	n	(P-4626; C-6897; A-13828)
300.510	n	(P-4626; C-6897; A-13828)
300.520	n	(P-4626; C-6897; A-13828)
300.600	n	(P-4626; C-6897; A-13828)
300.610	n	(P-4626; C-6897; A-13828)
300.620	n	(P-4626; C-6897; A-13828)
300.630	n	(P-4626; C-6897; A-13828)
300.640	n	(P-4626; C-6897; A-13828)
300.700	n	(P-4626; C-6897; A-13828)
300.710	n	(P-4626; C-6897: A-13828)
300.720	n	(P-4626; C-6897; A-13828)
300.730	n	(P-4626; C-6897; A-13828)
300.740	n	(P-4626; C-6897; A-13828)
300.750	n	(P-4626; C-6897; A-13828)
300.760	n	(P-4626; C-6897; A-13828)
300.770	n	(P-4626; C-6897; A-13828)
300.780	n	(P-4626; C-6897; A-13828)
300.790	n	(P-4626; C-6897; A-13828)
300.800	n	(P-4626; C-6897; A-13828)
300.810	n	(P-4626; C-6897; A-13828)
300.820	n	(P-4626; C-6897; A-13828)
300.830	n	(P-4626; C-6897; A-13828)
300.840	n	(P-4626; C-6897; A-13828)
300.850	n	(P-4626; C-6897; A-13828)
300.860	n	(P-4626; C-6897; A-13828)
300.870	n	(P-4626; C-6897; A-13828)
300.880	n	(P-4626; C-6897; A-13828)
300.890	n	(P-4626; C-6897; A-13828)

TITLE 56 (CONT'D)

300.900	n	(P-4626; C-6897; A-13828)
300.910	n	(P-4626; C-6897; A-13828)
300.920	n	(P-4626; C-6897; A-13828)
300.930	n	(P-4626; C-6897; A-13828)
300.940	n	(P-4626; C-6897; A-13828)
300.950	n	(P-4626; C-6897; A-13828)
300.960	n	(P-4626; C-6897; A-13828)
300.970	n	(P-4626; C-6897; A-13828)
300.980	n	(P-4626; C-6897; A-13828)
300.990	n	(P-4626; C-6897; A-13828)
300.1000	n	(P-4626; C-6897; A-13828)
300.1010	n	(P-4626; C-6897; A-13828)
300.1020	n	(P-4626; C-6897; A-13828)
350.10	am	(P-1; A-8518)
350.280	am	(P-1) (P-3780; A-8518)
350.290	n	(P-3260)
350.300	n	(P-3260)
350.310	n	(P-3260)
350.400	n	(P-4645; C-6057)
350.410	n	(P-4645; C-6057)
350.420	n	(P-4645; C-6057)
350.430	n	(P-4645; C-6057)
350.440	n	(P-4645; C-6057)
350.450	n	(P-4645; C-6057)
350.460	n	(P-4645; C-6057)
350.Ap.A	n	(P-4645; C-6057)
350.Ap.B	n	(P-4645; C-6057)
350.Ap.C	n	(P-4645; C-6057)
350.Ap.D	n	(P-4645; C-6057)
350.Ap.E	n	(P-4645; C-6057)
360.100	n	(P-8838)
360.110	n	(P-8838)
360.120	n	(P-8838)
360.130	n	(P-8838)
360.140	n	(P-8838)
360.150	n	(P-8838)
360.160	n	(P-8838)
360.170	n	(P-8838)
360.180	n	(P-8838)
1700.10	n	(P-1469)
1700.20	n	(P-1469)
1700.30	n	(P-1469)
1700.40	n	(P-1469)
1700.50	n	(P-1469)
1700.60	n	(P-1469)
2600.20	am	(P-11865/91; A-13241)
2610.75	n	(P-11894/91; A-13272)
2610.130	am	(P-6905)
2620.10	r	(P-12964/91; A-6175)
2620.20	r	(P-12964/91; A-6175)
2620.30	r	(P-12964/91; A-6175)
2620.40	r	(P-12964/91; A-6175)
2620.50	r	(P-12964/91; A-6175)
2620.60	r	(P-12964/91; A-6175)
2620.70	r	(P-12964/91; A-6175)
2620.80	r	(P-12964/91; A-6175)
2620.90	r	(P-12964/91; A-6175)
2620.100	r	(P-12964/91; A-6175)
2625.55	am	(P-5124)
2630.82	am	(P-8081/91; A-1524) (P-1154591; A-6796)
2630.83	am	(P-8081/91; A-1524)
2650.10	am	(P-9202)
2650.20	am	(P-9202)
2650.30	am	(P-9202)
2650.40	am	(P-9202)
2650.310	n	(P-9202)
2650.320	n	(P-9202)
2650.330	n	(P-9202)
2650.340	n	(P-9202)
2650.350	n	(P-9202)
2720.1	am	(P-14343/91; A-2556)
2720.2	n	(E-7506)
2720.5	am	(P-14343/91; A-2556)
2720.7	n	(P-14343/91; A-2556)
2720.10	am	(P-14343/91; A-2556)
2720.108	n	(P-14343/91; A-2556)
2720.130	am	(P-14343/91; A-2556)
2720.215	n	(P-14343/91; A-2556)
2720.240	am	(P-14343/91; A-2556)
2720.315	am	(P-14343/91; A-2556)
2725.2	n	(E-7502)
2725.100	am	(P-3734)
2725.105	am	(P-14014/91; A-2122)
2725.115	am	(P-14014/91; A-2122)
2725.225	am	(P-3734)
2725.237	n	(P-13252/91; A-113)
2725.245	am	(P-3734)

TITLE 56 (CONT'D)

2732.203	n	(P-3248; A-8173)
2732.220	n	(P-3248; A-8173)
2732.305	n	(P-785; A-12159)
2760.110	am	(P-14023/91; A-3993)
2760.120	am	(P-14023/91; A-3993)
2760.125	am	(P-14023/91; A-3993)
2760.130	am	(P-14023/91; A-3993)
2760.145	am	(P-14023/91; A-3993)
2760.150	am	(P-14023/91; A-3993)
2765.5	am	(P-12006)
2765.45	am	(P-14032/91; A-2131)
2765.50	am	(P-12006)
2765.55	am	(P-14032/91; A-2131)
2765.60	am	(P-14032/91; A-2131)
2765.64	n	(P-12006)
2765.66	am	(P-12006)
2765.67	n	(P-11034/91; A-12165)
2765.68	am	(P-14032/91; A-2131)
2765.69	n	(P-11034/91; A-12165)
2765.70	am	(P-12006)
2765.74	n	(P-12006)
2765.75	am	(P-12006)
2765.225	n	(P-11034/91; A-12165)
2765.228	n	(P-11034/91; A-12165)
2765.230	n	(P-11034/91; A-12165)
2765.325	am	(P-11034/91; A-12165)
2765.328	n	(P-11034/91; A-12165)
2770.110	am	(P-13257/91; A-118)
5300.10	am	(P-10521/91; A-7838)
5300.20	am	(P-10521/91; A-7838)
5300.30	am	(P-10521/91; A-7838)
5300.40	am	(P-10521/91; A-7838)
5300.210	am	(P-10521/91; A-7838)
5300.310	am	(P-10521/91; A-7838)
5300.450	am	(P-10521/91; A-7838)
5300.460	am	(P-10521/91; A-7838)
5300.550	r	(P-10521/91; A-7838)
5300.560	am	(P-10521/91; A-7838)
5300.570	r	(P-10521/91; A-7838)
5300.610	am	(P-10521/91; A-7838)
5300.620	am	(P-10521/91; A-7838)
5300.630	am	(P-10521/91; A-7838)
5300.640	am	(P-10521/91; A-7838)
5300.650	am	(P-10521/91; A-7838)
5300.660	am	(P-10521/91; A-7838)
5300.720	am	(P-10521/91; A-7838)
5300.730	am	(P-10521/91; A-7838)
5300.735	n	(P-10521/91; A-7838)
5300.745	n	(P-10521/91; A-7838)
5300.750	am	(P-10521/91; A-7838)
5300.760	am	(P-10521/91; A-7838)
5300.765	n	(P-10521/91; A-7838)
5300.770	r	(P-10521/91; A-7838)
5300.782	r	(P-10521/91; A-7838)
5300.783	r	(P-10521/91; A-7838)
5300.784	r	(P-10521/91; A-7838)
5300.785	r	(P-10521/91; A-7838)
5300.786	r	(P-10521/91; A-7838)
5300.787	r	(P-10521/91; A-7838)
5300.825	am	(P-10521/91; A-7838)
5300.865	am	(P-10521/91; A-7838)
5300.920	am	(P-10521/91; A-7838)
5300.930	am	(P-10521/91; A-7838)
5300.940	am	(P-10521/91; A-7838)
5300.950	am	(P-10521/91; A-7838)
5300.960	am	(P-10521/91; A-7838)
5300.1145	n	(P-10521/91; A-7838)
5300.1150	am	(P-10521/91; A-7838)
5300.1160	am	(P-10521/91; A-7838)
5400.110	am	(P-1490; A-8529) (E-1693)
5400.210	am	(P-1490; A-8529) (E-1693)
5400.310	am	(P-1490; A-8529) (E-1693)
6000.50	am	(P-5399; A-12436)
6000.340	n	(P-7543) (E-7716)

TITLE 59

101.100	n	(P-14363/91; A-2137) (E-14663/91)
103.10	am	(P-14078)
103.11	n	(P-14078)
103.15	n	(P-14078)
103.20	am	(P-14078)
103.25	n	(P-14078)
103.30	n	(P-14078)
103.40	r	(P-14078)
103.50	r	(P-14078)
103.60	n	(P-14078)
103.65	r	(P-14078)
103.70	am	(P-14078)
103.80	am	(P-14078)
103.90	am	(E-2643) (P-14078)
103.95	n	(P-14078)
103.100	am	(P-14078)
103.110	am	(P-14078)
103.120	am	(P-14078)
103.130	am	(P-14078)
103.140	r	(P-14078)

TITLE 59 (CONT'D)

103.150	am	(P-14078)
103.160	am	(P-14078)
103.165	n	(P-14078)
103.170	am	(P-14078)
103.180	am	(P-14078)
103.190	am	(P-14078)
103.200	r	(P-14078)
103.210	n	(P-14078)
115.320	am	(E-2676)
119.260	am	(E-2662)
120.70	am	(E-2652)
125.70	am	(E-2672)
130.10	r	(P-8842)
130.11	r	(P-8842)
130.15	r	(P-8842)
130.20	r	(P-8842)
130.30	r	(P-8842)
130.40	r	(P-8842)
130.50	r	(P-8842)
130.51	r	(P-8842)
130.60	r	(P-8842)
130.70	r	(P-8842)
130.80	r	(P-8842)
130.100	r	(P-8842)
130.105	r	(P-8842)
130.110	am	(E-2656)
130.110	r	(P-8842)
130.120	r	(P-8842)
130.130	r	(P-8842)
130.140	r	(P-8842)
130.150	r	(P-8842)
130.160	r	(P-8842)
130.170	r	(P-8842)
130.180	r	(P-8842)
130.190	r	(P-8842)
130.200	r	(P-8842)
130.210	r	(P-8842)
130.220	r	(P-8842)
130.230	r	(P-8842)
130.240	r	(P-8842)
130.250	r	(P-8842)
130.Tb.A	r	(P-8842)
130.Tb.B	r	(P-8842)
132.10	n	(P-7;A-9006;RC-8252) (E-211)
132.15	n	(P-7;A-9006;RC-8252) (E-211)
132.20	n	(P-7;A-9006;RC-8252) (E-211)
132.25	n	(P-7;A-9006;RC-8252) (E-211)
132.30	n	(P-7;A-9006;RC-8252) (E-211)
132.35	n	(P-7;A-9006;RC-8252) (E-211)
132.40	n	(P-7;A-9006;RC-8252) (E-211)
132.45	n	(P-7;A-9006;RC-8252) (E-211)
132.50	n	(P-7;A-9006;RC-8252) (E-211)
132.55	n	(P-7;A-9006;RC-8252) (E-211)
132.60	n	(P-7;A-9006;RC-8252) (E-211)
132.65	n	(P-7;A-9006;RC-8252) (E-211)
132.70	n	(P-7;A-9006;RC-8252) (E-211)
132.75	n	(P-7;A-9006;RC-8252) (E-211)
132.80	n	(P-7;A-9006;RC-8252) (E-211)
132.85	n	(P-7;A-9006;RC-8252) (E-211)
132.90	n	(P-7;A-9006;RC-8252) (E-211)
132.95	n	(P-7;A-9006;RC-8252) (E-211)
132.100	n	(P-7;A-9006;RC-8252) (E-211)
132.105	n	(P-7;A-9006;RC-8252) (E-211)
132.110	n	(P-7;A-9006;RC-8252) (E-211)
132.115	n	(P-7;A-9006;RC-8252) (E-211)
132.120	n	(P-7;A-9006;RC-8252) (E-211)
132.125	n	(P-7;A-9006;RC-8252) (E-211)
132.130	n	(P-7;A-9006;RC-8252) (E-211)
132.135	n	(P-7;A-9006;RC-8252) (E-211)
132.140	n	(P-7;A-9006;RC-8252) (E-211)
132.145	n	(P-7;A-9006;RC-8252) (E-211)

TITLE 59 (CONT'D)

132.150	n	(P-7;A-9006;RC-8252)
		(E-211)
132.155	n	(P-7;A-9006;RC-8252)
		(E-211)
132.160	n	(P-7;A-9006;RC-8252)
		(E-211)
132.165	n	(P-7;A-9006;RC-8252)
		(E-211)
132.170	n	(P-7;A-9006;RC-8252)
		(E-211)
132.Ap.A	n	(P-7;A-9006;RC-8252)
		(E-211)
132.Ap.B	n	(P-7;A-9006;RC-8252)
		(E-211)
.Tb.A	n	(P-7;A-9006;RC-8252)
		(E-211)
.Tb.B	n	(P-7;A-9006;RC-8252)
		(E-211)
.Tb.C	n	(P-7;A-9006;RC-8252)
		(E-211)
135.30	am	(E-2648)
400.10	n	(P-11996)
400.20	n	(P-11996)
400.30	n	(P-11996)
400.40	n	(P-11996)
400.50	n	(P-11996)
400.60	n	(P-11996)
400.70	n	(P-11996)
400.80	n	(P-11996)
400.90	n	(P-11996)
400.100	n	(P-11996)
400.110	n	(P-11996)
400.120	n	(P-11996)

TITLE 62

200.12	am	(P-3267; A-11449)
200.201	am	(P-3267; A-11449)
200.402	am	(P-3267; A-11449)
200.500	am	(P-3267; A-11449)
200.600	am	(P-3267; A-11449)
200.603	am	(P-3267; A-11449)
200.604	am	(P-3267; A-11449)
200.806	am	(P-3267; A-11449)
200.Ap.B	n	(P-3267; A-11449)
220.190	am	(P-3316; A-11463)
240.10	am	(P-3282)
240.131	n	(P-13722)
240.132	n	(P-13722)
240.133	n	(P-13722)
240.160	am	(P-13722)
240.170	am	(P-13722)
240.180	am	(P-13722)
240.190	am	(P-13722)
240.195	am	(P-13722)
240.500	n	(P-3282)
240.510	r	(P-3282)
240.510	n	(P-3282)
240.520	r	(P-3282)
240.520	n	(P-3282)
240.530	r	(P-3282)
240.530	n	(P-3282)
240.540	n	(P-3282)
240.550	n	(P-3282)
240.610	am	(P-3282)
240.630	am	(P-3282)
240.640	am	(P-3282)
240.710	am	(P-3282)
240.760	am	(P-3282)
240.780	am	(P-3282)
240.995	r	(P-14365/91;
		P-14679/91;
		A-2576)
240.1110	am	(P-3282)
240.1130	am	(P-3282)
240.1150	am	(P-3282)
240.1160	r	(P-3282)
240.1160	n	(P-3282)
240.1170	am	(P-3282)
240.1180	r	(P-3282)
240.1400	r	(P-14365/91;
		P-14679/91;
		A-2576)
240.1400	n	(P-14365/91;
		P-14679/91;
		A-2576)
240.1405	r	(P-14365/91;
		P-14679/91;
		A-2576)
240.1410	r	(P-14365/91;
		P-14679/91;
		A-2576)
240.1410	n	(P-14365/91;
		P-14679/91;
		A-2576)
240.1420	r	(P-14365/91
		P-14679/91;
		A-2576)
240.1420	n	(P-14365/91;
		P-14679/91;
		A-2576)

TITLE 62 (CONT'D)

240.1430	r	(P-14365/91;
		P-14679/91;
		A-2576)
240.1430	am	(P-3282)
240.1440	r	(P-14365/91;
		P-14679/91;
		A-2576)
240.1440	n	(P-14365/91;
		P-14679/91;
		A-2576)
240.1450	r	(P-14365/91;
		P-14679/91;
		A-2576)
240.1450	am	(P-14365/91;
		P-14679/91;
		A-2576) (P-3282)
240.1460	r	(P-14365/91;
		P-14679/91;
		A-2576)
240.1460	am	(P-14365/91;
		P-14679/91;
		A-2576) (P-3282)
240.1470	r	(P-14365/91;
		P-14679/91;
		A-2576)
240.1500	r	(P-14365/91;
		P-14679/91;
		A-2576)
240.1500	n	(P-14365/91;
		P-14679/91;
		A-2576)
240.1510	n	(P-14365/91;
		P-14679/91;
		A-2576)
240.1520	n	(P-14365/91;
		P-14679/91;
		A-2576)
240.1530	n	(P-14365/91;
		P-14679/91;
		A-2576)
1701.Ap.A	am	(P-10644)
1702.11	am	(P-10631)
1702.12	am	(P-10631)
1702.17	am	(P-10631)
1702.18	am	(P-10631)
1705.21	am	(P-10790)
1761.5	n	(P-10596)
1761.11	am	(P-10596)
1761.12	am	(P-10596)
1764.19	am	(P-10831)
1772.12	am	(P-10762)
1773.13	am	(P-10768)
1773.15	am	(P-10768)
1773.20	am	(P-10768)
1773.21	am	(P-10768)
1774.11	am	(P-10793)
1774.13	am	(P-10793)
1774.15	am	(P-10793)
1775.1	r	(P-10590)
1775.11	r	(P-10590)
1775.13	r	(P-10590)
1777.17	am	(P-10640)
1778.15	am	(P-10758)
1779.19	am	(P-10835)
1780.21	am	(P-10839)
1780.33	am	(P-10839)
1780.38	am	(P-10839)
1783.19	am	(P-10849)
1784.14	am	(P-10853)
1784.18	am	(P-10853)
1784.27	am	(P-10853)
1785.13	am	(P-10784)
1800.11	am	(P-10607)
1800.40	am	(P-10607)
1800.50	am	(P-10607)
1816.42	am	(P-10695)
1816.43	am	(P-10695)
1816.49	am	(P-10695)
1816.84	am	(P-10695)
1816.116	am	(P-10695)
1816.117	am	(P-10695)
1816.151	am	(P-10695)
1817.42	am	(P-10726)
1817.42	am	(P-10726)
1817.43	am	(P-10726)
1817.49	am	(P-10726)
1817.84	am	(P-10726)
1817.116	am	(P-10726)
1817.117	am	(P-10726)
1817.151	am	(P-10726)
1817.182	am	(P-10726)
1827.12	am	(P-10803)
1843.12	am	(P-10807)
1843.13	am	(P-10807)
1843.14	am	(P-10807)
1843.15	am	(P-10807)
1843.16	r	(P-10807)
1843.17	r	(P-10807)
1843.20	r	(P-10807)
1843.21	r	(P-10807)
1845.12	am	(P-10619)

TITLE 62 (CONT'D)

1845.13	am	(P-10619)
1845.17	am	(P-10619)
1845.18	am	(P-10619)
1845.19	r	(P-10619)
1845.20	am	(P-10619)
1846.17	am	(P-10691)
1846.18	am	(P-10691)
1847.1	n	(P-10569)
1847.2	n	(P-10569)
1847.3	n	(P-10569)
1847.4	n	(P-10569)
1847.5	n	(P-10569)
1847.6	n	(P-10569)
1847.7	n	(P-10569)
1847.8	n	(P-10569)
1847.9	n	(P-10569)
1848.1	n	(P-10669)
1848.2	n	(P-10669)
1848.3	n	(P-10669)
1848.5	n	(P-10669)
1848.6	n	(P-10669)
1848.7	n	(P-10669)
1848.8	n	(P-10669)
1848.9	n	(P-10669)
1848.11	n	(P-10669)
1848.12	n	(P-10669)
1848.13	n	(P-10669)
1848.15	n	(P-10669)
1848.16	n	(P-10669)
1848.17	n	(P-10669)
1848.18	n	(P-10669)
1848.19	n	(P-10669)
1848.20	n	(P-10669)
1848.21	n	(P-10669)
1848.22	n	(P-10669)
2501.37	n	(P-2719; A-8345)
		(E-2897)

TITLE 68

580.10	n	(P-8671)
580.20	n	(P-8671)
580.30	n	(P-8671)
580.40	n	(P-8671)
580.50	n	(P-8671)
750.3000	am	(E-12785)
750.4000	n	(E-12785)
750.4010	n	(E-12785)
870.100	n	(P-12094/91; A-3096)
870.105	n	(P-12094/91; A-3096)
870.110	n	(P-12094/91; A-3096)
870.115	n	(P-12094/91; A-3096)
870.120	n	(P-12094/91; A-3096)
870.200	n	(P-12094/91; A-3096)
870.210	n	(P-12094/91; A-3096)
870.215	n	(P-12094/91; A-3096)
870.220	n	(P-12094/91; A-3096)
870.225	n	(P-12094/91; A-3096)
870.230	n	(P-12094/91; A-3096)
870.235	n	(P-12094/91; A-3096)
870.240	n	(P-12094/91; A-3096)
870.245	n	(P-12094/91; A-3096)
870.300	n	(P-12094/91; A-3096)
870.305	n	(P-12094/91; A-3096)
870.310	n	(P-12094/91; A-3096)
870.315	n	(P-12094/91; A-3096)
870.320	n	(P-12094/91; A-3096)
870.325	n	(P-12094/91; A-3096)
870.400	n	(P-12094/91; A-3096)
870.405	n	(P-12094/91; A-3096)
870.500	n	(P-12094/91; A-3096)
870.505	n	(P-12094/91; A-3096)
870.510	n	(P-12094/91; A-3096)
870.515	n	(P-12094/91; A-3096)
870.520	n	(P-12094/91; A-3096)
870.525	n	(P-12094/91; A-3096)
1130.10	n	(P-2010)
1130.20	n	(P-2010)
1130.30	n	(P-2010)
1130.40	n	(P-2010)
1130.50	n	(P-2010)
1130.60	n	(P-2010)
1130.70	n	(P-2010)
1150.20	am	(P-2492/91; A-3143)
1150.30	am	(P-2492/91; A-3143)
1150.40	am	(P-2492/91; A-3143)
1150.50	am	(P-2492/91; A-3143)
1150.60	am	(P-2492/91; A-3143)
1150.65	am	(P-2492/91; A-3143)
1150.70	am	(P-2492/91; A-3143)
1150.80	am	(P-2492/91; A-3143)
1150.90	am	(P-2492/91; A-3143)
1150.100	am	(P-2492/91; A-3143)
1150.110	am	(P-2492/91; A-3143)
1150.II.A	am	(P-2492/91; A-3143)
1175.565	am	(P-8033; A-13276)
1200.30	am	(P-14369/91; A-3169)
1255.10	n	(P-17030/91; A-3194)
1255.20	n	(P-17030/91; A-3194)
1255.30	n	(P-17030/91; A-3194)
1255.40	n	(P-17030/91; A-3194)
1255.50	n	(P-17030/91; A-3194)

TITLE 68 (CONT'D)

1255.60	n	(P-17030/91; A-3194)
1255.70	n	(P-17030/91; A-3194)
1255.80	n	(P-17030/91; A-3194)
1255.90	n	(P-17030/91; A-3194)
1270.20	am	(P-10863)
1275.40	am	(P-5741; A-10458)
1275.50	am	(P-5741; A-10458)
1275.80	n	(P-5741; A-10458)
1310.20	am	(P-3784; A-12565)
1310.30	am	(P-3784; A-12565)
1310.40	am	(P-3784; A-12565)
1310.60	am	(P-3784; A-12565)
1310.70	am	(P-3784; A-12565)
1310.75	am	(P-3784; A-12565)
1310.80	am	(P-3784; A-12565)
1310.85	am	(P-3784; A-12565)
1310.90	am	(P-3784; A-12565)
1330.10	am	(P-5746)
1330.20	am	(P-5746)
1330.30	am	(P-5746)
1330.40	am	(P-5746)
1330.50	am	(P-5746)
1330.55	am	(P-5746)
1330.70	am	(P-5746)
1330.75	n	(P-5746)
1330.80	am	(P-5746)
1330.90	am	(P-5746)
1330.91	am	(P-5746)
1330.92	am	(P-5746)
1330.93	am	(P-5746)
1330.94	am	(P-5746)
1330.95	am	(P-5746)
1330.96	am	(P-5746)
1330.99	am	(P-5746)
1330.100	am	(P-5746)
1330.110	am	(P-5746)
1330.120	am	(P-5746)
1330.130	am	(P-5746)
1330.140	am	(P-5746)
1340.15	n	(P-11369/91; A-3175)
1340.20	am	(P-11369/91; A-3175)
1340.30	am	(P-11369/91; A-3175)
1340.40	am	(P-11369/91; A-3175)
1340.50	am	(P-11369/91; A-3175)
1340.55	am	(P-11369/91; A-3175)
1340.60	am	(P-11369/91; A-3175)
1340.65	am	(P-11369/91; A-3175)
1340.66	n	(P-11369/91; A-3175)
1340.70	am	(P-11369/91; A-3175)
1360.30	am	(P-8318; A-13281)
1360.45	am	(P-8318; A-13281)
1360.60	am	(P-8318; A-13281)
1360.70	am	(P-8318; A-13281)
1380.280	am	(P-9385)
1380.300	am	(P-9385)
1450.175	n	(P-14375/91; A-3204)
1470.95	n	(P-18348/91; A-7009)
1510.10	n	(P-12104) (E-12216)
1510.20	n	(P-12104) (E-12216)
1510.30	n	(P-12104) (E-12216)
1510.40	n	(P-12104)
1510.50	n	(P-12104) (E-12216)
1510.60	n	(P-12104)
1510.70	n	(P-12104)

TITLE 71

110.10	n	(P-3689)
110.20	n	(P-3689)
110.30	n	(P-3689)
110.40	n	(P-3689)
110.50	n	(P-3689)
110.60	n	(P-3689)
110.70	n	(P-3689)
2000.45	am	(P-1511; A-10068)
2000.100	am	(P-1511; A-10068)
2000.210	am	(P-1511; A-10068)
2000.245	am	(P-1511)
2000.250	am	(P-1511; A-10068)
2000.320	am	(P-1511; A-10068)
2000.340	am	(P-1511; A-10068)
2000.410	am	(P-1511; A-10068)
2000.430	am	(P-1511; A-10068)
2000.500	am	(P-1511; A-10068)
2000.520	am	(P-1511; A-10068)
2000.540	am	(P-1511; A-10068)
2300.10	n	(P-2310; A-8178)
2300.30	n	(P-2310; A-8178)
2300.50	n	(P-2310; A-8178)
2300.70	n	(P-2310; A-8178)
2300.80	n	(A-8178)
2300.90	n	(A-8178)

TITLE 74

750.10	am	(P-10408)
750.30	am	(P-10408)
750.40	am	(P-15035/91; A-203)
		(P-10408)
750.41	n	(P-10408)
750.90	am	(P-10408)
750.110	am	(P-10408)
750.120	am	(P-10408)

TITLE 74 (CONT'D)

750.130	am	(P-10408)
750.Ap A	am	(P-10408)
750.Ap.B	am	(P-15035/91; A-203) (P-10408)
750.Ap.C	n	(P-15035/91; A-203) (P-10408)

TITLE 77

205.620	am	(P-3426)
250.2720	n	(P-2016)
300.110	am	(P-2034)
300.120	am	(P-4367/91; A-681)
300.140	am	(P-2034)
300.150	am	(P-2034)
300.330	am	(P-4367/91; A-681) (P-2034)
300.620	am	(P-4367/91; A-681)
300.630	am	(P-2034)
300.1010	am	(P-2034)
300.1220	am	(P-2034)
300.1240	am	(P-2034)
300.2070	am	(P-2034)
300.2420	am	(P-14039/91; A-5977)
300.3060	am	(P-2034)
300.3100	am	(P-2034)
300.3310	am	(P-2034)
300.3710	am	(P-2034)
300.Ap.B	r	(P-2034)
330.110	am	(P-18407/91; A-14370)
330.120	am	(P-4338/91; A-651)
330.140	am	(P-18407/91; A-14370)
330.150	am	(P-18407/91; A-14370)
330.330	am	(P-4338/91; A-651) (P-18407/91; A-14370)
330.1970	am	(P-18407/91; A-14370)
330.3620	am	(P-18407/91; A-14370)
330.4310	am	(P-18407/91; A-14370)
330.4510	am	(P-18407/91; A-14370)
330.Ap.B	r	(P-18407/91; A-14370)
350.120	am	(P-4280/91; A-594)
350.140	am	(P-18357/91; RC-10501; A-13910)
350.150	am	(P-18357/91; RC-10501; A-13910)
350.330	am	(P-4280; A-594) (P-18357/91; RC-10501; A-13910)
350.370	am	(P-4791)
350.640	am	(P-18357/91; RC-10501)
350.1230	am	(P-18357/91; RC-10501; A-13910)
350.1870	am	(P-18357/91; RC-10501; A-13910)
350.2960	am	(P-18357/91; RC-10501; A-13910)
350.3000	am	(P-18357/91; RC-10501; A-13910)
350.3310	am	(P-18357/91; RC-10501; A-13910)
350.4210	am	(P-18357/91; RC-10501; A-13910)
390.120	am	(P-4309/91; A-623)
390.140	am	(P-18407/91; RC-10502; A-14329)
390.150	am	(P-18407/91; RC-10502; A-14329)
390.330	am	(P-4309/91; A-623) (P-18407/91; RC-10502; A-14329)
390.640	am	(P-18407/91; RC-10502)
390.1040	am	(P-18407/91; RC-10502; A-14329)
390.3000	am	(P-18407/91; RC-10502; A-14329)
390.3310	am	(P-18407/91; RC-10502; A-14329)
390.3510	am	(P-18407/91; A-14329)
395.100	am	(P-8066)
395.110	am	(P-8066)
395.120	am	(P-8066)
395.130	am	(P-8066)
395.140	am	(P-8066)
395.150	am	(P-8066)
395.160	am	(P-8066)
395.170	am	(P-8066)
395.180	am	(P-8066)
395.190	am	(P-8066)
395.200	r	(P-8066)
395.300	am	(P-8066)
395.400	am	(P-8066)
535.10	am	(P-10911)
535.20	am	(P-10911)
535.100	am	(P-10911)
535.150	am	(P-10911)
535.200	am	(P-10911)
535.210	am	(P-10911)
535.215	am	(P-10911)
535.216	n	(P-10911)
535.220	r	(P-10911)
535.230	am	(P-10911)
535.260	am	(P-10911)

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535.265	am	(P-10911)
535.270	am	(P-10911)
535.310	am	(P-10911)
535.315	am	(P-10911)
535.320	am	(P-10911)
535.330	am	(P-10911)
535.340	am	(P-10911)
535.400	am	(P-10911)
535.410	am	(P-10911)
535.415	am	(P-10911)
535.420	am	(P-10911)
535.430	am	(P-10911)
535.435	am	(P-10911)
535.440	am	(P-10911)
535.500	n	(P-10911)
535.510	r	(P-10911)
535.515	am	(P-10911)
535.520	am	(P-10911)
535.530	am	(P-10911)
535.535	am	(P-10911)
535.540	am	(P-10911)
535.600	am	(P-10911)
535.650	am	(P-10911)
535.750	am	(P-10911)
535.810	am	(P-10911)
535.1000	n	(P-10911)
630.20	am	(P-8103)
630.90	am	(P-8103)
630.200	am	(P-8103)
672.100	am	(P-9424)
672.105	am	(P-9424)
672.200	am	(P-9424)
672.205	am	(P-9424)
672.210	am	(P-9424)
672.215	am	(P-9424)
672.225	am	(P-9424)
672.300	am	(P-9424)
672.405	am	(P-9424)
672.415	am	(P-9424)
672.420	am	(P-9424)
672.450	am	(P-9424)
672.505	am	(P-9424)
672.510	am	(P-9424)
672.515	am	(P-9424)
672.615	am	(P-9424)
672.625	am	(P-9424)
672.Ap.A	am	(P-9424)
682.100	am	(P-13428)
682.130	am	(P-13428)
682.140	am	(P-13428)
682.150	am	(P-13428)
682.170	am	(P-13428)
682.195	n	(P-13428)
682.200	am	(P-13428)
682.210	am	(P-13428)
682.215	n	(P-13428)
682.230	am	(P-13428)
682.250	am	(P-13428)
682.260	am	(P-13428)
682.320	am	(P-13428)
682.410	am	(P-13428)
682.420	am	(P-13428)
682.450	am	(P-13428)
682.Ap.A	r	(P-13428)
682.Ap.B	r	(P-13428)
682.Ap.C	r	(P-13428)
682.Ap.D	r	(P-13428)
682.Ap.E	r	(P-13428)
682.Ap.F	r	(P-13428)
682.Ap.G	r	(P-13428)
682.Ap.H	r	(P-13428)
682.Ap.I	r	(P-13428)
682.Ap.J	r	(P-13428)
692.10	n	(P-14389/91; A-4052)
692.Ap.A	n	(P-14389/91; A-4052)
692.Ap.B	n	(P-14389/91; A-4052)
693.10	am	(P-16874/91; RC-4556; A-5921)
693.15	am	(P-16874/91; A-5921)
693.30	am	(P-16874/91; RC-4556; A-5921)
693.40	am	(P-16874/91; RC-4556; A-5921)
693.45	n	(P-16874/91; A-5921)
693.100	am	(P-16874/91; A-5921)
693.20	am	(P-13414)
693.100	am	(P-13414)
693.110	am	(P-13414)
693.120	am	(P-13414)
693.Ap.A	r	(P-13414)
693.Ap.B	r	(P-13414)
694.220	am	(P-6972/91; A-5916)
695.10	am	(P-13472)
695.30	am	(P-13472)
695.40	am	(P-13472)
695.50	n	(P-13472)
695.Ap.A	n	(P-13472)
750.5	am	(P-5836)
750.10	am	(P-5836)
750.100	am	(P-5836)
750.110	am	(P-5836)

TITLE 77 (CONT'D)

750.1000	am	(P-5836)
750.2000	n	(P-5836)
750.2010	n	(P-5836)
750.2020	n	(P-5836)
750.2030	n	(P-5836)
750.2031	n	(P-5836)
750.2032	n	(P-5836)
750.2040	n	(P-5836)
750.2041	n	(P-5836)
750.2042	n	(P-5836)
750.2050	n	(P-5836)
750.2060	n	(P-5836)
750.2070	n	(P-5836)
750.2080	n	(P-5836)
750.3000	n	(P-5836)
750.3100	n	(P-5836)
750.3200	n	(P-5836)
760.15	am	(P-5861)
760.20	am	(P-5861)
760.100	am	(P-5861)
760.110	am	(P-5861)
760.900	am	(P-5861)
760.2000	n	(P-5861)
760.2010	n	(P-5861)
760.2020	n	(P-5861)
760.2030	n	(P-5861)
760.2031	n	(P-5861)
760.2032	n	(P-5861)
760.2040	n	(P-5861)
760.2041	n	(P-5861)
760.2042	n	(P-5861)
760.2050	n	(P-5861)
760.2060	n	(P-5861)
760.2070	n	(P-5861)
760.2080	n	(P-5861)
760.3000	n	(P-5861)
760.3100	n	(P-5861)
760.3200	n	(P-5861)
770.10	r	(P-5885)
770.20	r	(P-5885)
770.30	r	(P-5885)
790.40	am	(P-15943/91; A-5941; C-7512)
790.480	am	(P-4782; A-12913) (E-4899)
790.500	am	(P-4782; A-12913) (E-4899)
790.540	am	(P-4782; A-12913) (E-4899)
790.548	am	(P-4782; A-12913) (E-4899)
790.580	am	(P-4782; A-12913) (E-4899)
790.600	am	(P-15943/91; A-5941; C-7512) (P-4782;E-12913) (E-4899) (P-8329) (E-8571)
790.620	am	(P-4782; A-12913) (E-4899)
790.660	am	(P-4782; A-12913) (E-4899)
790.700	am	(P-4782; A-12913) (E-4899)
790.706	am	(P-4782; A-12913) (E-4899)
790.721	am	(P-4782; A-12913) (E-4899)
790.740	am	(P-4782; A-12913) (E-4899)(P-8329) (E-8571)
790.760	am	(P-4782; A-12913) (E-4899)
790.780	am	(P-4782; A-12913) (E-4899)
790.788	am	(P-4782; A-12913) (E-4899) (P-8329) (E-8571)
790.799	am	(P-15943/91; A-5941; C-7512) (P-4782; A-12913) (E-4899) (P-8329) (E-8571)
790.820	am	(P-4782; A-12913) (E-4899)
790.830	am	(P-4782; A-12913) (E-4899)
790.860	am	(P-4782; A-12913) (E-4899)
790.900	am	(P-4782; A-12913) (E-4899)
790.910	am	(P-4782; A-12913) (E-4890)
790.920	am	(P-15943/91; A-5941; C-7512)
790.980	am	(P-4782; A-12913) (E-4899)
790.1060	am	(P-4782; A-12913) (E-4899)

TITLE 77 (CONT'D)

790.1112	am	(P-4782; A-12913) (E-4899)
790.1120	am	(P-4782; A-12913) (E-4899)
790.1140	am	(P-4782; A-12913) (E-4899)
790.1300	am	(P-4782; A-12913) (E-4899)
790.1345	am	(P-4782; A-12913) (E-4899)
790.1350	am	(P-15943/91; A-5941; C-7512) (P-4782; A-12913) (E-4899)
790.1388	n	(P-4782; A-12913) (E-4899) (P-15943/91; A-5941; C-7512) (P-8329) (E-8571)
790.1420	am	(P-4782; A-12913) (E-4899)
790.1460	am	(P-4782; A-12913) (E-4899)
790.1490	am	(P-4782; A-12913) (E-4899)
790.1500	am	(P-4782; A-12913) (E-4899)
790.1540	am	(P-4782; A-12913) (E-4899)
790.1560	am	(P-4782; A-12913) (E-4899)
790.1570	am	(P-4782; A-12913) (E-4899) (P-8329) (E-8571)
790.1660	am	(P-4782; A-12913) (E-4899)
790.1685	am	(P-4782; A-12913) (E-4899)
790.1700	am	(P-4782; A-12913) (E-4899)
790.1710	am	(P-4782; A-12913) (E-4899)
790.1740	am	(P-4782; A-12913) (E-4899)
790.1820	am	(P-4782; A-12913) (E-4899)
790.1830	n	(P-4782; A-12913) (E-4899)
790.1835	n	(P-8329) (E-8571)
790.1860	am	(P-4782; A-12913) (E-4899)
790.1950	am	(P-15943/91; A-5941; C-7512) (P-4782; A-12913) (E-4899)
790.1980	am	(P-4782; A-12913) (E-4899)
790.2020	am	(P-4782; A-12913) (E-4899)
790.2060	am	(P-8329) (E-8571)
790.2097	am	(P-4782; A-12913) (E-4899)
790.2100	am	(P-4782; A-12913) (E-4899)
790.2140	am	(P-4782; A-12913) (E-4899)
790.2155	am	(P-4782; A-12913) (E-4899)
790.2180	am	(P-4782; A-12913) (E-4899)
790.2260	am	(P-4782; A-12913) (E-4899)
790.2380	am	(P-4782; A-12913) (E-4899)
790.2390	am	(P-4782; A-12913) (E-4899)
790.2470	am	(P-4782; A-12913) (E-4899)
790.2485	am	(P-15943/91; A-5941; C-7512)
790.2500	am	(P-4782; A-12913) (E-4899)
790.2510	am	(P-4782; A-12913) (E-4899)
790.2540	am	(P-4782; A-12913) (E-4899)
790.2580	am	(P-15943/91; A-5941; C-7512) (P-4782; A-12913) (E-4899)
790.2603	am	(P-15943/91; A-5941; C-7512)
790.2605	am	(P-4782; A-12913) (E-4899)
790.2613	am	(P-15943/91; A-5941; C-7512) (P-4782; A-12913) (E-4899)
790.2617	am	(P-4782; A-12913) (E-4899)

TITLE 77 (CONT'D)

790.2618	am	(P-4782; A-12913) (E-4899)
790.2620	am	(P-4782; A-12913) (E-4899)
790.2661	am	(P-4782; A-12913) (E-4899)
790.2780	am	(P-4782; A-12913) (E-4899)
790.2805	am	(P-15943/91; A-5941; C-7512) (P-8329) (E-8571)
790.2900	am	(P-4782; A-12913) (E-4899)
790.2902	am	(P-4782; A-12913) (E-4899)
790.2904	am	(P-4782; A-12913) (E-4899)
790.2980	am	(P-4782; A-12913) (E-4899)
790.3020	am	(P-4782; A-12913) (E-4899)
790.3021	am	(P-4782; A-12913) (E-4899)
790.3027	am	(P-15943/91; A-5941)
790.3029	am	(P-4782; A-12913) (E-4899)
790.3049	am	(P-4782; A-12913) (E-4899)
790.3054	am	(P-4782; A-12913) (E-4899)
790.3085	am	(P-4782; A-12913) (E-4899)
790.3100	am	(P-4782; A-12913) (E-4899)
790.3260	am	(P-4782; A-12913) (E-4899)
790.3300	am	(P-4782; A-12913) (E-4899)
790.3308	am	(P-4782; A-12913) (E-4899)
790.3315	am	(P-4782; A-12913) (E-4899)
790.3335	am	(P-4782; A-12913) (E-4899)
790.3340	am	(P-4782; A-12913) (E-4899)
790.3420	am	(P-4782; A-12913) (E-4899)
790.3437	am	(P-4782; A-12913) (E-4899)
790.3472	am	(P-4782; A-12913) (E-4899)
790.3480	n	(P-4782; A-12913) (E-4899)
790.3492	am	(P-4782; A-12913) (E-4899)
790.3495	n	(P-4782; A-12913) (E-4899)
790.3540	am	(P-4782; A-12913) (E-4899)
790.3620	am	(P-4782; A-12913) (E-4899
790.3700	am	(P-4782; A-12913) (E-4899)
790.3742	am	(P-4782; A-12913) (E-4899)
790.3780	am	(P-4782; A-12913) (E-4899)
790.3860	am	(P-4782; A-12913) (E-4899)
790.3875	n	(P-4782; A-12913) (E-4899)
790.3907	am	(P-4782; A-12913) (E-4899)
790.3910	am	(P-4782; A-12913) (E-4899) (P-15943/91; A-5941; C-7512)
790.3940	am	(P-4782; A-12913) (E-4899)
790.3945	am	(P-4782; A-12913) (E-4899) (P-8329; A-12913) (E-8571)
790.3980	am	(P-4782; A-12913) (E-4899)
790.3996	am	(P-4782; A-12913) (E-4899)
790.4012	am	(P-4782; A-12913) (E-4899)
790.4040	am	(P-4782) (E-4899) (P-15943/91; A-5941; C-7512)
790.4060	am	(P-4782; A-12913) (E-4899)
790.4100	am	(P-4782; A-12913) (E-4899)
790.4140	am	(P-4782; A-12913) (E-4899) (P-8329) (E-8571)

TITLE 77 (CONT'D)

790.4173	am	(P-4782; A-12913) (E-4899)
790.4180	am	(P-4782; A-12913) (E-4899)
790.4220	am	(P-4782; A-12913) (E-4899)
790.4260	am	(P-4782; A-12913) (E-4899)
790.4300	am	(P-4782; A-12913) (E-4899)
790.4385	am	(P-4782; A-12913) (E-4899)
790.4386	am	(P-4782; A-12913) (E-4899)
790.4396	am	(P-4782; A-12913) (E-4899)
790.4398	am	(P-4782; A-12913) (E-4899)
790.4420	am	(P-4782; A-12913) (E-4899)
790.4580	am	(P-4782; A-12913) (E-4899)
790.4620	am	(P-4782; A-12913) (E-4899)
790.4660	am	(P-4782; A-12913) (E-4899) (P-8329) (E-8571)
790.4670	am	(P-4782; A-12913) (E-4899)
790.4680	am	(P-4782; A-12913) (E-4899) (P-8329) (E-8571)
790.4700	am	(P-4782; A-12913) (E-4899)
790.4720	am	(P-4782; A-12913) (E-4899)
790.4740	am	(P-4782; A-12913) (E-4899)
790.4780	am	(P-4782; A-12913) (E-4899)
790.4840	am	(P-4782; A-12913) (E-4899)
790.4860	am	(P-4782; A-12913) (E-4899)
790.4900	am	(P-4782; A-12913) (E-4899) (P-8329) (E-8571)
790.4965	am	(P-4782; A-12913) (E-4899)
790.4980	am	(P-4782; A-12913) (E-4899)
790.5060	am	(P-4782; A-12913) (E-4899)
790.5100	am	(P-4782; A-12913) (E-4899)
790.5140	am	(P-4782; A-12913) (E-4899)
790.5180	am	(P-4782; A-12913) (E-4899) (P-15943/91; A-5941; C-7512)
790.5220	am	(P-4782; A-12913) (E-4899)
790.5300	am	(P-4782; A-12913) (E-4899)
790.5312	am	(P-4782; A-12913) (E-4899) (P-15843/91; A-5941; C-7512)
790.5320	am	(P-15943/91; A-5941; C-7512)
790.5380	am	(P-4782; A-12913) (E-4899) (P-15943/91; A-5941; C-7512)
790.5420	am	(P-4782; A-12913) (E-4899)
790.5483	am	(P-4782; A-12913) (E-4899)
790.5500	am	(P-4782; A-12913) (E-4899)
790.5520	am	(P-4782; A-12913) (E-4899)
790.5540	am	(P-4782; A-12913) (E-4899)
790.5544	am	(P-4782; A-12913) (E-4899)
790.5620	am	(P-4782; A-12913) (E-4899)
790.5640	am	(P-15943/91; A-5941)
790.5700	am	(P-4782; A-12913) (E-4899)
790.5740	am	(P-4782; A-12913) (E-4899)
790.5788	n	(P-4782; A-12913) (E-4899) (P-8329) (E-8571)
790.5792	am	(P-4782; A-12913) (E-4899)

TITLE 77 (CONT'D)

790.5802	am	(P-4782; A-12913) (E-4899)
790.5807	am	(P-4782; A-12913) (E-4899)
790.5820	am	(P-4782; A-12913) (E-4899)
790.5830	am	(P-4782; A-12913) (E-4899)
790.5872	am	(P-4782; A-12913) (E-4899)
790.5900	am	(P-4782; A-12913) (E-4899)
790.5940	am	(P-4782; A-12913) (E-4899)
790.5980	am	(P-4782; A-12913) (E-4899)
790.6020	r	(P-4782; A-12913) (E-4899)
790.6140	am	(P-4782; A-12913) (E-4899) (P-8329) (E-8571)
790.6180	am	(P-4782; A-12913) (E-4899)
790.6260	am	(P-4782; A-12913) (E-4899)
790.6275	am	(P-4782; A-12913) (E-4899)
790.6277	am	(P-4782; A-12913) (E-4899) (P-8329) (E-8571)
790.6280	r	(P-4782; A-12913) (E-4899)
790.6300	am	(P-4782; A-12913) (E-4899)
790.6340	am	(P-4782; A-12913) (E-4899)
790.6370	am	(P-4782; A-12913) (E-4899) (P-15943/91; A-5941; C-7512) (P-8329) (E-8571)
790.6375	am	(P-4782; A-12913) (E-4899)
790.6420	am	(P-4782; A-12913) (E-4899)
790.6430	am	(P-8329) (E-8571)
790.6452	am	(P-4782; A-12913) (E-4899)
790.6456	am	(P-4782; A-12913) (E-4899)
790.6460	am	(P-4782; A-12913) (E-4899)
790.6480	am	(P-4782; A-12913) (E-4899)
790.6500	am	(P-4782; A-12913) (E-4899)
790.6540	am	(P-4782; A-12913) (E-4899)
790.6570	r	(P-4782; A-12913) (E-4899)
790.6580	am	(P-4782; A-12913) (E-4899)
790.6610	am	(P-8329) (E-8571)
790.6670	am	(P-4782; A-12913) (E-4899)
790.6780	am	(P-4782; A-12913) (E-4899) (P-8329) (E-8571)
790.6800	am	(P-4782; A-12913) (E-4899)
790.6820	am	(P-4782; A-12913) (E-4889)
790.6860	am	(P-4782; A-12913) (E-4899)
790.6875	am	(P-4782; A-12913) (E-4899)
790.6885	am	(P-4782; A-12913) (E-4899)
790.6895	am	(P-4782; A-12913) (E-4899)
790.6940	am	(P-4782; A-12913) (E-4899)
790.6960	am	(P-4782; A-12913) (E-4899)
790.6980	am	(P-4782; A-12913) (E-4899)
790.7100	am	(P-4782; A-12913) (E-4899)
790.7120	am	(P-4782; A-12913) (E-4899)
790.7130	am	(P-4782; A-12913) (E-4899)
790.7140	am	(P-4782; A-12913) (E-4899)
790.7180	am	(P-4782; A-12913) (E-4899)
790.7229	am	(P-4782; A-12913) (E-4899)
790.7260	am	(P-4782; A-12913) (E-4899)

TITLE 77 (CONT'D)

790.7263	n	(P-4782; A-12913) (E-4899)
790.7265	am	(P-4782; A-12913) (E-4889) (P-8329) (E-8571)
790.7280	am	(P-4782; A-12913) (E-4899)
790.7291	am	(P-4782; A-12913) (E-4899)
790.7296	am	(P-4782; A-12913) (E-4899)
790.7380	am	(P-4782; A-12913) (E-4899)
790.7400	am	(P-4782; A-12913) (E-4899) (P-8329) (E-8571)
790.7420	am	(P-4782; A-12913) (E-4899)
790.7500	am	(P-4782; A-12913) (E-4899)
790.7510	am	(P-4782; A-12913) (E-4899)
790.7540	am	(P-4782; A-12913) (E-4899)
790.7580	am	(P-4782; A-12913) (E-4899)
790.7700	am	(P-4782; A-12913) (E-4899) (P-8329) (E-8571)
790.7740	am	(P-4782; A-12913) (E-4899)
790.7820	am	(P-4782; A-12913) (E-4899)
790.7828	am	(P-4782; A-12913) (E-4899) (P-15943/91; A-5941; C-7512)
790.7834	am	(P-4782; A-12913) (E-4889)
790.7860	am	(P-4782; A-12913) (E-4899)
790.7940	am	(P-4782; A-12913) (E-4899)
790.7980	am	(P-4782; A-12913) (E-4899)
790.8015	am	(P-4782; A-12913) (E-4899)
790.8020	am	(P-4782; A-12913) (E-4899)
790.8030	am	(P-8329) (E-8571)
790.8106	am	(P-4782; A-12913) (E-4899)
790.8136	am	(P-4782; A-12913) (E-4899)
790.8248	am	(P-4782; A-12913) (E-4899)
790.8300	am	(P-4782; A-12913) (E-4899)
790.8420	am	(P-4782; A-12913) (E-4899)
790.8540	am	(P-4782; A-12913) (E-4899)
790.8580	am	(P-4782; A-12913) (E-4899) (P-15943/91; A-5941; C-7512)
790.8620	am	(P-4782; A-12913) (E-4899)
790.8700	am	(P-4782; A-12913) (E-4899)
790.8710	am	(P-4782; A-12913) (E-4889)
790.8724	am	(P-4782; A-12913) (E-4899)
790.8740	am	(P-4782; A-12913) (E-4899)
790.8780	am	(P-4782; A-12913) (E-4899)
790.8820	am	(P-4782; A-12913) (E-4899)
790.8900	am	(P-4782; A-12913) (E-4899)
790.8940	am	(P-4782; A-12913) (E-4899)
790.8980	am	(P-4782; A-12913) (E-4899)
790.9020	am	(P-4782; A-12913) (E-4899)
790.9035	am	(P-4782; A-12913) (E-4899)
790.9045	am	(P-4782; A-12913) (E-4899)
790.9048	am	(P-4782; A-12913) (E-4899) (P-15943/91; A-5941; C-7512)
790.9050	am	(P-15943/91; A-5941; C-7512) (P-8329) (E-8571)
790.9056	am	(P-4782; A-12913) (E-4899)

TITLE 77 (CONT'D)

790.9060	am	(P-4782; A-12913) (E-4899)
790.9070	n	(P-8329) (E-8571)
790.9084	am	(P-4782; A-12913) (E-4899)
790.9100	am	(P-4782; A-12913) (E-4899) (P-15943/91; A-5941; C-7512)
790.9140	am	(P-4782; A-12913) (E-4899)
790.9180	am	(P-4782; A-12913) (E-4899)
790.9220	am	(P-4782; A-12913) (E-4899)
790.9260	am	(P-4782; A-12913) (E-4899)
790.9300	am	(P-4782; A-12913) (E-4899)
790.9340	am	(P-4782; A-12913) (E-4899)
790.9380	am	(P-4782; A-12913) (E-4899)
790.9420	am	(P-4782; A-12913) (E-4899)
790.9460	am	(P-4782; A-12913) (E-4899)
790.9500	am	(P-4782; A-12913) (E-4899)
790.9520	am	(P-4782; A-12913) (E-4899)
790.9530	am	(P-4782; A-12913) (E-4899)
790.9580	am	(P-4782; A-12913) (E-4899)
795.10	n	(P-8136)
795.20	n	(P-8136)
795.30	n	(P-8136)
795.40	n	(P-8136)
795.50	n	(P-8136)
795.60	n	(P-8136)
795.70	n	(P-8136)
795.80	n	(P-8136)
795.90	n	(P-8136)
795.100	n	(P-8136)
795.110	n	(P-8136)
795.120	n	(P-8136)
795.130	n	(P-8136)
795.140	n	(P-8136)
795.150	n	(P-8136)
795.160	n	(P-8136)
795.170	n	(P-8136)
795.180	n	(P-8136)
795.190	n	(P-8136)
795.200	n	(P-8136)
795.210	n	(P-8136)
795.220	n	(P-8136)
830.10	am	(P-2092; A-11612)
830.880	am	(P-2092; A-11612)
830.885	am	(P-2092; A-11612)
830.890	am	(P-2092; A-11612)
830.900	am	(P-2092; A-11612)
840.20	am	(P-4329)
840.115	am	(P-4329)
840.210	am	(P-4329)
840.215	am	(P-4329)
840.305	am	(P-4329)
840.310	am	(P-4329)
840.Ap.B	am	(P-4329)
.Ex.A	am	(P-4329)
.Il.A	r	(P-4329)
.Ex.B	n	(P-4329)
.Il.B	r	(P-4329)
840.Ap.C	am	(P-4329)
.Ex.B	am	(P-4329)
845.10	am	(P-12314)
845.15	n	(P-12314)
845.20	am	(P-12314)
845.23	n	(P-12314)
845.25	n	(P-12314)
845.26	n	(P-12314)
845.28	n	(P-12314)
845.29	n	(P-12314)
845.30	am	(P-12314)
845.40	am	(P-12314)
845.50	am	(P-12314)
845.60	am	(P-12314)
845.Ap.A	n	(P-12314)
Ex.A	n	(P-12314)
Ex.B	n	(P-12314)
Ex.C	n	(P-12314)
845.Ap.B	n	(P-12314)
845.Ap.C	n	(P-12314)
845.Ap.D	n	(P-12314)
Il.A	n	(P-12314)
Il.B	n	(P-12314)
845.Ap.E	n	(P-12314)
900.10	am	(P-10870)
900.30	am	(P-10870)
900.40	am	(P-10870)
900.50	am	(P-10870)

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900.60	am	(P-10870)
900.65	am	(P-10870)
900.70	am	(P-10870)
900.Tb.E	n	(P-10870)
900.Tb.F	n	(P-10870)
900.Tb.G	n	(P-10870)
900.Tb.H	n	(P-10870)
900.Tb.I	n	(P-10870)
900.Ex.A	n	(P-10870)
900.Ex.B	n	(P-10870)
900.Ex.C	n	(P-10870)
900.Ex.D	n	(P-10870)
905.15	am	(P-8128)
905.100	am	(P-8128)
915.10	am	(P-10989)
915.20	am	(P-10989)
915.40	n	(P-10989)
915.50	n	(P-10989)
1110.60	n	(E-13159)
1110.235	n	(E-13159)
1120.10	n	(E-13132)
1120.20	n	(P-5205) (E-13132)
1120.110	n	(P-5205) (E-13132)
1120.120	n	(P-5205) (E-13132)
1120.130	n	(P-5205) (E-13132)
1120.210	n	(P-5205) (E-13132)
1120.310	n	(P-5205) (E-13132)
1120.Ap.A	n	(P-5205) (E-13132)
1120.Tb.H	n	(P-5205)
1130.140	am	(P-4755)
1130.220	am	(P-4755)
1130.410	am	(P-4755)
1130.510	am	(P-4755)
1130.620	am	(P-4755)
1130.630	am	(P-4755)
1130.640	am	(P-4755)
1130.710	am	(P-4755)
1130.720	am	(P-4755)
1130.730	am	(P-4755)
1130.740	am	(P-4755)
1130.750	am	(E-13153)
1130.760	am	(P-4755)
1130.770	am	(P-4755)
1130.780	am	(P-4755)
1190.30	am	(P-3063)
1230.10	r	(P-5187)
1230.20	r	(P-5187)
1230.30	r	(P-5187)
1230.110	r	(P-5187)
1230.120	r	(P-5187)
1230.210	r	(P-5187)
1230.220	r	(P-5187)
1230.230	r	(P-5187)
1230.240	r	(P-5187)
1230.250	r	(P-5187)
1230.260	r	(P-5187)
1230.310	r	(P-5187)
1230.320	r	(P-5187)
1230.410	r	(P-5187)
1230.420	r	(P-5187)
1230.Tb.A	r	(P-5187)
1230.Tb.B	r	(P-5187)
1240.10	r	(P-5225)
1240.20	r	(P-5225)
1240.30	r	(P-5225)
1240.40	r	(P-5225)
1240.50	r	(P-5225)
1240.60	r	(P-5225)
1240.70	r	(P-5225)
1240.Ap.A	r	(P-5225)
2030.10	n	(P-9083/91; A-2457)
2030.10	r	(P-9153/91; A-2530)
2030.20	n	(P-9083/91; A-2457)
2030.20	r	(P-9153/91; A-2530)
2030.30	n	(P-9083/91; A-2457)
2030.30	r	(P-9153/91; A-2530)
2030.40	n	(P-9083/91; A-2457)
2030.40	r	(P-9153/91; A-2530)
2030.50	r	(P-9153/91; A-2530)
2030.100	n	(P-9083/91; A-2457)
2030.105	n	(P-9083/91; A-2457)
2030.107	n	(P-9083/91; A-2457)
2030.110	r	(P-9153/91; A-2530)
2030.110	n	(P-9083/91; A-2457)
2030.115	n	(P-9083/91; A-2457)
2030.120	r	(P-9153/91; A-2530)
2030.120	n	(P-9083/91; A-2457)
2030.130	r	(P-9153/91; A-2530)
2030.130	n	(P-9083/91; A-2457)
2030.140	n	(P-9083/91; A-2457)
2030.150	n	(P-9083/91; A-2457)
2030.160	n	(P-9083/91; A-2457)
2030.210	r	(P-9153/91; A-2530)
2030.210	n	(P-9083/91; A-2457)
2030.220	r	(P-9153/91; A-2530)
2030.220	n	(P-9083/91; A-2457)
2030.230	r	(P-9153/91; A-2530)
2030.230	n	(P-9083/91; A-2457)
2030.310	r	(P-9153/91; A-2530)
2030.310	n	(P-9083/91; A-2457)
2030.320	r	(P-9153/91; A-2530)

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2030.320	n	(P-9083/91; A-2457)
2030.330	r	(P-9153/91; A-2530)
2030.330	n	(P-9083/91; A-2457)
2030.340	r	(P-9153/91; A-2530)
2030.340	n	(P-9083/91; A-2457)
2030.350	r	(P-9153/91; A-2530)
2030.350	n	(P-9083/91; A-2457)
2030.360	n	(P-9083/91; A-2457)
2030.410	r	(P-9153/91; A-2530)
2030.410	n	(P-9083/91; A-2457)
2030.420	r	(P-9153/91; A-2530)
2030.420	n	(P-9083/91; A-2457)
2030.430	r	(P-9153/91; A-2530)
2030.430	n	(P-9083/91; A-2457)
2030.440	r	(P-9153/91; A-2530)
2030.440	n	(P-9083/91; A-2457)
2030.450	r	(P-9153/91; A-2530)
2030.450	n	(P-9083/91; A-2457)
2030.510	r	(P-9153/91; A-2530)
2030.510	n	(P-9083/91; A-2457)
2030.520	r	(P-9153/91; A-2530)
2030.520	n	(P-9083/91; A-2457)
2030.530	n	(P-9083/91; A-2457)
2030.540	n	(P-9083/91; A-2457)
2030.550	n	(P-9083/91; A-2457)
2030.610	r	(P-9153/91; A-2530)
2030.610	n	(P-9083/91; A-2457)
2030.620	r	(P-9153/91; A-2530)
2030.620	n	(P-9083/91; A-2457)
2030.630	r	(P-9153/91; A-2530)
2030.640	r	(P-9153/91; A-2530)
2030.710	r	(P-9153/91; A-2530)
2030.710	n	(P-9083/91; A-2457)
2030.720	r	(P-9153/91; A-2530)
2030.720	n	(P-9083/91; A-2457)
2030.730	r	(P-9153/91; A-2530)
2030.730	n	(P-9083/91; A-2457)
2030.740	r	(P-9153/91; A-2530)
2030.740	n	(P-9083/91; A-2457)
2030.750	r	(P-9153/91; A-2530)
2030.750	n	(P-9083/91; A-2457)
2030.760	r	(P-9153/91; A-2530)
2030.760	n	(P-9083/91; A-2457)
2030.810	r	(P-9153/91; A-2530)
2030.810	n	(P-9083/91; A-2457)
2030.820	r	(P-9153/91; A-2530)
2030.820	n	(P-9083/91; A-2457)
2030.830	n	(P-9083/91; A-2457)
2030.840	n	(P-9083/91; A-2457)
2030.850	n	(P-9083/91; A-2457)
2030.910	r	(P-9153/91; A-2530)
2030.910	n	(P-9083/91; A-2457)
2030.920	r	(P-9153/91; A-2530)
2030.930	r	(P-9153/91; A-2530)
2030.940	r	(P-9153/91; A-2530)
2030.950	r	(P-9153/91; A-2530)
2030.960	r	(P-9153/91; A-2530)
2030.970	r	(P-9153/91; A-2530)
2030.980	r	(P-9153/91; A-2530)
2030.1010	r	(P-9153/91; A-2530)
2030.1010	n	(P-9083/91; A-2457)
2030.1020	r	(P-9153/91; A-2530)
2030.1020	n	(P-9083/91; A-2457)
2030.1030	r	(P-9153/91; A-2530)
2030.1030	n	(P-9083/91; A-2457)
2030.1040	r	(P-9153/91; A-2530)
2030.1040	n	(P-9083/91; A-2457)
2030.1050	n	(P-9083/91; A-2457)
2030.1060	n	(P-9083/91; A-2457)
2030.1070	n	(P-9083/91; A-2457)
2030.1080	n	(P-9083/91; A-2457)
2030.1090	n	(P-9083/91; A-2457)
2030.1110	r	(P-9153/91; A-2530)
2030.1110	n	(P-9083/91; A-2457)
2030.1120	r	(P-9153/91; A-2530)
2030.1120	n	(P-9083/91; A-2457)
2030.1130	r	(P-9153/91; A-2530)
2030.1130	n	(P-9083/91; A-2457)
2030.1140	r	(P-9153/91; A-2530)
2030.1140	n	(P-9083/91; A-2457)
2030.1150	n	(P-9083/91; A-2457)
2030.1160	n	(P-9083/91; A-2457)
2030.1205	n	(P-9083/91; A-2457)
2030.1210	r	(P-9153/91; A-2530)
2030.1210	n	(P-9083/91; A-2457)
2030.1215	n	(P-9083/91; A-2457)
2030.1220	r	(P-9153/91; A-2530)
2030.1220	n	(P-9083/91; A-2457)
2030.1225	r	(P-9153/91; A-2530)
2030.1225	n	(P-9083/91; A-2457)
2030.1230	r	(P-9153/91; A-2530)
2030.1230	n	(P-9083/91; A-2457)
2030.1240	r	(P-9153/91; A-2530)
2030.1245	n	(P-9083/91; A-2457)
2030.1250	r	(P-9153/91; A-2530)
2030.1250	n	(P-9083/91; A-2457)
2030.1255	n	(P-9083/91; A-2457)
2030.1260	r	(P-9153/91; A-2530)
2030.1265	n	(P-9083/91; A-2457)
2030.1270	r	(P-9153/91; A-2530)
2030.1310	r	(P-9153/91; A-2530)

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2030.1310	n	(P-9083/91; A-2457)
2030.1320	r	(P-9153/91; A-2530)
2030.1320	n	(P-9083/91; A-2457)
2030.1330	r	(P-9153/91; A-2530)
2030.1340	r	(P-9153/91; A-2530)
2030.1350	r	(P-9153/91; A-2530)
2031.10	r	(P-9149/91; A-2455)
2032.10	r	(P-9218/91; A-2533)
2032.15	r	(P-9218/91; A-2533)
2032.20	r	(P-9218/91; A-2533)
2032.25	r	(P-9218/91; A-2533)
2032.30	r	(P-9218/91; A-2533)
2032.35	r	(P-9218/91; A-2533)
2032.40	r	(P-9218/91; A-2533)
2032.45	r	(P-9218/91; A-2533)
2032.50	r	(P-9218/91; A-2533)
2032.55	r	(P-9218/91; A-2533)
2032.60	r	(P-9218/91; A-2533)
2056.1	am	(P-4567)
2056.5	am	(P-4567)
2056.15	am	(P-4567)
2056.20	am	(P-4567)
2056.25	am	(P-4567)
2056.50	am	(P-4567)
2056.55	am	(P-4567)
2056.60	am	(P-4567)
2056.61	am	(P-4567)
2056.65	#	(P-4567)
2056.70	#	(P-4567)
2056.75	am	(P-4567)
2056.210	am	(P-4567)
2056.215	am	(P-4567)
2056.301	#	(P-4567)
2056.301	am	(P-4567)
2056.303	#	(P-4567)
2056.303	am	(P-4567)
2056.305	am	(P-4567)
2056.310	am	(P-4567)
2056.315	am	(P-4567)
2056.320	am	(P-4567)
2056.325	am	(P-4567)
2056.330	am	(P-4567)
2056.405	am	(P-4567)
2056.410	am	(P-4567)
2056.415	am	(P-4567)
2056.420	am	(P-4567)
2056.500	am	(P-4567)
2056.505	am	(P-4567)
2056.510	r	(P-4567)
2056.525	am	(P-4567)
2056.600	am	(P-4567)
2056.601	n	(P-4567)
2056.603	n	(P-4567)
2056.605	am	(P-4567)
2056.607	n	(P-4567)
2056.610	am	(P-4567)
2056.615	r	(P-4567)
2056.620	n	(P-4567)
2056.625	n	(P-4567)
2056.630	n	(P-4567)
2056.635	n	(P-4567)
2056.640	n	(P-4567)
2056.645	n	(P-4567)
2056.650	n	(P-4567)
2056.655	n	(P-4567)
2056.660	n	(P-4567)
2056.705	am	(P-4567)
2080.10	am	(P-11367)
2080.20	am	(P-11367)
2080.30	am	(P-11367)
2080.40	am	(P-11367)
2080.50	am	(P-11367)
2080.60	am	(P-11367)
2080.70	am	(P-11367)
2080.80	am	(P-11367)
2080.120	am	(P-11367)
2080.140	am	(P-11367)
2080.150	am	(P-11367)
2080.160	am	(P-11367)
2080.170	am	(P-11367)
2090.20	am	(P-5104; A-11807)
2090.40	am	(P-5104; A-11807)
2090.70	am	(P-5104; A-11807)
2090.70	am	(P-5104; A-11807)
2090.100	am	(P-5104; A-11807)
2510.50	am	(P-17444/91; A-8980)
2510.60	am	(P-17444/91; A-8980)
2510.70	am	(P-17444/91; A-8980)
.Ap.B	am	(P-17444/91; A-8980)
.Ap.C	am	(P-17444/91; A-8980)
3000.200	am	(P-13463)
3000.210	am	(P-13463)
3000.230	am	(P-13463)
3000.Ap.A	r	(P-13463)
3000.Ap.B	r	(P-13463)

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150.410	am	(P-4360; A-11835)
150.420	am	(P-4360; A-11835)
150.430	am	(P-4360; A-11835)
302.80	am	(P-336; A-8375)

TITLE 80 (CONT'D)

302.150	am	(P-11390)
		(E-11645; O-13371)
302.325	n	(P-11390)
		(E-11645; O-13371)
302.822	am	(P-8675; A-13489)
303.102	am	(P-327; A-8368)
303.115	n	(P-327; A-8368)
303.125	am	(P-327; A-8368)
303.175	n	(P-327; A-8368)
303.290	am	(P-327; A-8368)
303.385	n	(P-327; A-8368)
304.51	n	(P-334; RC-10499)
310.100	am	(P-342; A-8382)
		(E-711)
310.110	am	(P-12051/91; A-3450)
		(P-13679) (E-13950)
310.130	am	(P-12051/91; A-3450)
		(P-13679) (E-13950
310.230	am	(P-342; A-8382)
310.280	am	(P-12051/91; A-3450)
310.290	am	(P-12051/91; A-3450)
		(P-6521) (E-6888)
		(E-8239) (P-14001)
		(E-14452)
310.450	am	(P-14001) (E-14452)
310.455	am	(P-14001) (E-14452)
310.470	am	(P-14001) (E-14452)
310.490	am	(P-342; A-8382)
		(E-711)
310.530	am	(P-14001) (E-14452)
310.540	am	(P-14001) (E-14452)
310.Ap.A	am	(P-342; A-8382)
		(PP-5068; RC-6899)
		(P-13179)
310.Ap.C	am	(P-14001) (E-14452)
310.Ap.D	am	(P-14001) (E-14452)
.Tb.A	am	(PP-7056)
.Tb.B	am	(PP-7056)
.Tb.C	am	(P-342; A-8382)
.Tb.D	am	(P-342; A-8382)
.Tb.E	am	(P-342; A-8382)
.Tb.F	am	(P-342; A-8382)
.Tb.G	am	(P-342; A-8382)
.Tb.H	am	(P-342; A-8382)
.Tb.I	am	(P-342; A-8382)
.Tb.J	am	(P-342; A-8382)
.Tb.K	am	(P-342; A-8382)
.Tb.M	am	(P-13179)
.Tb.O	am	(P-342; A-8382)
.Tb.P	am	(P-342; A-8382)
.Tb.Q	am	(P-342; A-8382)
.Tb.R	am	(P-342; A-8382)
.Tb.S	am	(P-342; A-8382)
.Tb.T	am	(PP-5068; RC-6899)
.Tb.V	am	(PP-5068; RC-6899)
.Tb.W	am	(P-342; A-8382)
.Tb.X	am	(P-342; A-8382)
.Tb.Y	am	(P-342; A-8382)
.Tb.Z	am	(P-342; A-8382)
310.Ap.B	am	(P-12051/91; A-3450)
		(P-13679) (E-13950)
620.130	am	(P-11724) (P-12409)
1120.80	n	(P-5554; A-13500)
		(E-6052; RC-8253)
1540.80	am	(P-7325; A-14407)
1540.90	am	(P-7325; A-14407)
1540.100	am	(P-7325; A-14407)
1540.130	am	(P-7325; A-14407)
1650.210	am	(P-12384)
1650.230	am	(P-12384)
1650.240	am	(P-12384)
1650.290	am	(P-12384)
1650.330	am	(P-12384)
1650.340	am	(P-12384)
1650.370	#	(P-12384)
1650.410	am	(P-12384)
1650.450	am	(P-12384)
1650.460	#	(P-12384)
1650.510	am	(P-12384)
1650.520	am	(P-12384)
1650.570	am	(P-12384)
1650.620	am	(P-12384)
1650.630	#	(P-12384)
1650.640	am	(P-12384)
1650.650	am	(P-12384)
2110.30	am	(P-12064/91; A-13801)
2110.210	am	(P-12064/91; A-13801)
2110.440	am	(P-12064/91; A-13801)
2110.520	am	(P-12064/91; A-13801)
2110.610	am	(P-12064/91; A-13801)
2120.30	am	(P-12074/91; A-13811)
2120.210	am	(P-12074/91; A-13811)
2120.220	am	(P-12074/91; A-13811)
2120.310	am	(P-12074/91; A-13811)
2120.440	am	(P-12074/91; A-13811)
2120.510	am	(P-12074/91; A-13811)
2120.520	am	(P-12074/91; A-13811)
2120.610	am	(P-12074/91; A-13811)
2650.10	am	(P-3235; A-11438)
2650.25	am	(P-3235; A-11438)
2800.410	am	(P-7079; A-13823)

TITLE 80 (CONT'D)

2800.650	n	(P-15199/91; A-4831)

TITLE 83

110.10	r	(P-18018/91;A-7654)
110.30	r	(P-18018/91;A-7654)
200.715	n	(P-1936; W-7737)
255.20	am	(P-13703)
275.20	am	(P-8269)
280.100	am	(P-9801/91; A-11023)
280.138	am	(P-12810)
305.20	am	(P-16538/91; A-6180)
410.360	r	(P-11899/91; A-2544)
440.200	am	(P-6533)
445.40	am	(P-11025/91; A-2535)
445.50	am	(P-11025/91; A-2535)
445.70	am	(P-11025/91; A-2535)
500.335	r	(P-11905/91; A-2550)
535.100	am	(P-6538)
745.10	am	(P-10513)
745.15	am	(P-10513)
745.20	am	(P-10513)
745.30	am	(P-10513)
745.110	am	(P-10513)
745.200	am	(P-10513)
745.210	am	(P-10513)
745.220	am	(P-10513)
745.221	am	(P-10513)
745.225	am	(P-10513)
745.300	am	(P-10513)
745.Ex.B	am	(P-10513)
756.210	am	(P-14004) (E-14470)
757.10	n	(P-6542)
757.15	n	(P-6542)
757.100	n	(P-6542)
757.105	n	(P-6542)
757.110	n	(P-6542)
757.115	n	(P-6542)
757.120	n	(P-6542)
757.125	n	(P-6542)
757.130	n	(P-6542)
757.200	n	(P-6542)
757.205	n	(P-6542)
757.210	n	(P-6542)
757.215	n	(P-6542)
757.220	n	(P-6542)
757.225	n	(P-6542)
757.230	n	(P-6542)
757.235	n	(P-6542)
757.240	n	(P-6542)
757.245	n	(P-6542)
757.300	n	(P-6542)
757.Ex.A	n	(P-6542)
757.Ex.B	n	(P-6542)
757.Ex.C	n	(P-6542)
757.Ex.D	n	(P-6542)
757.Ex.E	n	(P-6542)
760.20	am	(P-14340/91; A-6177)
		(P-16535/91; A-6177)
		(P-7572)
770.10	n	(P-3242)
770.20	n	(P-3242)
770.30	n	(P-3242)
785.1	n	(P-17427/91; A-11009)
785.5	n	(P-17427/91; A-11009)
785.10	n	(P-17427/91; A-11009)
785.15	n	(P-17427/91; A-11009)
785.20	n	(P-17427/91; A-11009)
785.25	n	(P-17427/91; A-11009)
785.30	n	(P-17427/91; A-11009)
785.35	n	(P-17427/91; A-11009)
785.40	n	(P-17427/91; A-11009)
785.45	n	(P-17427/91; A-11009)
785.50	n	(P-17427/91; A-11009)
785.55	n	(P-17427/91; A-11009)
785.60	n	(P-17427/91; A-11009)
785.65	n	(P-17427/91; A-11009)

TITLE 86

100.3700	am	(P-7306; C-10084)
100.9920	n	(P-7306; C-10084)
110.190	n	(P-14196/91; A-2624)
130.220	am	(P-14554)
130.310	am	(P-15013/91; A-1642)
150.Tb.A	am	(P-14563) (E-14889)
180.101	am	(P-15948/91; A-4859)
180.130	am	(P-15948/91; A-4859)
180.140	am	(P-15948/91; A-4859)
180.145	am	(P-15948/91; A-4859)
190.101	am	(P-15958/91; A-4867)
190.110	am	(P-15958/91; A-4867)
190.120	am	(P-15958/91; A-4867)
190.170	am	(P-15958/91; A-4867)
190.175	am	(P-15958/91; A-4867)
295.101	n	(P-18506/91; A-7691)
295.105	n	(P-18506/91; A-7691)
295.110	n	(P-18506/91; A-7691)
295.115	n	(P-18506/91; A-7691)
295.120	n	(P-18506/91; A-7691)
430.110	am	(P-6762; A-14688)
430.125	n	(P-6762; A-14688)
430.160	am	(P-6762; A-14688)

TITLE 86 (CONT'D)

435.120	am	(P-6777; A-14702)
435.140	am	(P-6777; A-14702)
435.160	am	(P-6777; A-14702)
460.101	am	(P-15417/91; A-4876)
460.110	am	(P-15417/91; A-4876)
480.101	am	(P-15422/91; A-3578)
490.10	r	(P-16913/91; A-5988)
490.20	r	(P-16913/91; A-5988)
490.30	r	(P-16913/91; A-5988)
490.40	r	(P-16913/91; A-5988)
490.50	r	(P-16913/91; A-5988)
490.60	r	(P-16913/91; A-5988)
490.70	r	(P-16913/91; A-5988)
490.80	r	(P-16913/91; A-5988)
490.90	r	(P-16913/91; A-5988)
490.100	r	(P-16913/91; A-5988)
490.110	r	(P-16913/91; A-5988)
490.120	r	(P-16913/91; A-5988)
490.130	r	(P-16913/91; A-5988)
490.140	r	(P-16913/91; A-5988)
490.150	r	(P-16913/91; A-5988)
490.160	r	(P-16913/91; A-5988)
490.170	r	(P-16913/91; A-5988)
490.180	r	(P-16913/91; A-5988)
490.190	r	(P-16913/91; A-5988)
490.200	r	(P-16913/91; A-5988)
510.101	am	(P-16932/91; A-5990)
510.110	am	(P-16932/91; A-5990)
510.115	r	(P-16932/91; A-5990)
510.120	am	(P-16932/91; A-5990)
510.131	am	(P-16932/91; A-5990)
510.145	am	(P-16932/91; A-5990)
510.160	am	(P-16932/91; A-5990)
3000.100	am	(P-3802; A-13310)
3000.200	am	(P-3802; A-13310)
3000.210	am	(P-3802; A-13310)
3000.220	am	(P-3802; A-13310)
3000.230	am	(P-3802; A-13310)
3000.245	am	(P-3802; A-13310)
3000.270	am	(P-3802; A-13310)
3000.420	am	(P-3802; A-13310)
3000.425	am	(P-3802; A-13310)
3000.610	am	(P-3802; A-13310)
3000.620	am	(P-3802; A-13310)
3000.625	am	(P-3802; A-13310)
3000.645	am	(P-3802; A-13310)
3000.910	am	(P-3802; A-13310)
3000.1010	am	(P-3802; A-13310)
3000.1070	am	(P-3802; A-13310)

TITLE 89

103.25	n	(P-14178)
103.35	n	(P-14178)
104.10	am	(P-7793)
104.70	am	(P-7793)
104.102	am	(P-7793)
104.202	am	(P-4741) (P-12758)
104.204	am	(P-4741) (P-12758)
104.206	am	(P-2752; A-12903)
104.208	am	(P-2752; A-12903)
104.209	n	(P-4741)
104.210	am	(P-2752; A-12903)
		(P-4741) (P-12758)
104.212	am	(P-4741) (P-12758)
104.221	am	(P-4741) (P-12758)
104.230	am	(P-4741)
104.235	am	(P-7793)
104.244	am	(P-4741) (P-12758)
104.246	am	(P-4741) (P-12758)
104.248	n	(P-7793)
104.272	am	(P-2752; A-12903)
104.273	am	(P-2752; A-12903)
104.274	am	(P-2752; A-12903)
104.295	am	(P-7793)
110.30	am	(P-3405; W-5082)
		(P-4704) (P-13207)
111.101	am	(P-16851/91; A-11577)
112.9	am	(P-13381) (E-13629)
112.70	am	(P-3335)
112.71	am	(P-3335)
112.72	am	(P-3335)
112.74	am	(P-3335)
112.78	am	(P-3335)
112.79	am	(P-3335)
112.82	am	(P-3335)
112.110	am	(P-16596/91; A-11550)
112.115	am	(P-18062/91; A-9972)
112.127	am	(P-13195)
112.138	r	(P-11399) (E-11652)
112.154	r	(P-14522)
112.300	am	(P-18062/91; A-9972)
112.400	am	(P-16596/91; A-11550)
113.9	am	(P-13383) (E-13641)
113.40	am	(P-14994/91; A-3468)
113.50	am	(P-14994/91; A-3468)
113.108	r	(P-16610/91; A-11565)
113.109	r	(P-16610/91; A-11565)
113.110	r	(P-16610/91; A-11565)
113.113	am	(P-16610/91; A-11565)
113.130	am	(P-18073/91; A-9986)
113.253	am	(P-18073/91; A-9986)

TITLE 89 (CONT'D)

113.260	am	(P-18073/91; A-9986)
113.302	r	(P-14994/91; A-3468)
113.330	n	(P-14533) (E-14722)
113.400	n	(P-14994/91; A-3468)
113.405	n	(P-14994/91; A-3468)
113.410	n	(P-14994/91; A-3468)
	am	(P-14533) (E-14722)
113.415	n	(P-14994/91; A-3468)
113.420	n	(P-14994/91; A-3468)
113.425	n	(P-14994/91; A-3468)
113.430	n	(P-14994/91; A-3468)
113.435	n	(P-14994/91; A-3468)
113.440	#	(P-14994/91; A-3468)
113.440	am	(P-14994/91; A-3468)
113.445	n	(P-14994/91; A-3468)
114.1	am	(P-15008/91; A-3512)
		(P-11401) (E-11662)
		(P-13766)
114.2	n	(P-15008/91; A-3512)
		(P-11401) (E-11662)
		(P-13766)
114.9	am	(P-13395) (E-13651)
114.60	am	(P-15008/91; A-3512)
114.61	am	(P-15008/91; A-3512)
114.62	am	(P-15008/91; A-3512)
114.63	am	(P-15008/91; A-3512)
114.64	am	(P-15008/91; A-3512)
114.70	am	(P-15008/91; A-3512)
114.80	am	(P-15008/91; A-3512)
114.120	am	(P-15008/91; A-3512)
114.121	am	(P-15008/91; A-3512)
114.122	r	(P-15008/91; A-3512)
114.123	r	(P-15008/91; A-3512)
114.124	am	(P-15008/91; A-3512)
114.128	am	(P-4216; A-13297)
		(E-4540)
114.135	am	(P-4216; A-13297)
		(E-4540)
114.351	am	(P-11401) (E-11662)
		(P-13766)
114.352	am	(P-11401) (E-11662)
		(P-13766)
114.353	am	(P-11401) (E-11662)
		(P-13766)
114.400	am	(P-15008/91; A-3512)
114.420	am	(P-15008/91; A-3512)
114.440	n	(P-14538) (E-14769)
115.10	am	(P-17897/91; A-10291)
115.30	am	(P-17897/91; A-10291)
115.34	am	(P-17897/91; A-10291)
115.40	am	(P-17897/91; A-10291)
116.400	am	(P-13764) (E-13961)
116.500	am	(P-16623/91; A-5350)
		(P-13764) (E-13961)
116.520	am	(P-16623/91; A-5350)
116.520	r	(P-13764) (E-13961)
117.10	am	(P-8938)
118.200	am	(P-17040/91; A-11607)
120.11	am	(P-16625/91; A-11582)
120.31	am	(P-16625/91; A-11582)
120.50	r	(P-12137/91; A-139)
120.60	am	(P-16625/91; A-11582)
120.64	am	(P-16625/91; A-11582)
120.80	am	(P-16856/91; A-10034)
120.200	n	(P-12137/91; A-139)
120.208	r	(P-12137/91; A-139)
120.210	r	(P-12137/91; A-139)
120.211	r	(P-12137/91; A-139)
120.212	r	(P-12137/91; A-139)
120.215	r	(P-12137/91; A-139)
120.216	r	(P-12137/91; A-139)
120.217	r	(P-12137/91; A-139)
120.218	r	(P-12137/91; A-139)
120.224	r	(P-12137/91; A-139)
120.225	r	(P-12137/91; A-139)
120.230	r	(P-12137/91; A-139)
120.235	r	(P-12137/91; A-139)
120.236	r	(P-12137/91; A-139)
120.240	r	(P-12137/91; A-139)
120.245	r	(P-12137/91; A-139)
120.250	r	(P-12137/91; A-139)
120.255	r	(P-12137/91; A-139)
120.260	r	(P-12137/91; A-139)
120.261	r	(P-12137/91; A-139)
120.262	r	(P-12137/91; A-139)
120.270	r	(P-12137/91; A-139)
120.271	r	(P-12137/91; A-139)
120.272	r	(P-12137/91; A-139)
120.273	r	(P-12137/91; A-139)
120.275	r	(P-12137/91; A-139)
120.276	r	(P-12137/91; A-139)
120.280	r	(P-12137/91; A-139)
120.281	r	(P-12137/91; A-139)
120.282	r	(P-12137/91; A-139)
120.283	r	(P-12137/91; A-139)
120.284	r	(P-12137/91; A-139)
120.285	r	(P-12137/91; A-139)
120.290	r	(P-12137/91; A-139)
120.295	r	(P-12137/91; A-139)
120.319	am	(P-12137/91; A-139)
120.320	am	(P-12137/91; A-139)

TITLE 89 (CONT'D)

120.321	am	(P-12137/91; A-139)
120.322	am	(P-12137/91; A-139)
120.323	am	(P-12137/91; A-139)
120.382	am	(P-16625/91; A-11582)
120.384	am	(P-7761)
120.385	r	(P-14544)
120.390	am	(P-16625/91; A-11582)
120.391	am	(P-16625/91; A-11582)
121.3	am	(P-13385)
121.25	am	(P-8898)
121.34	am	(P-8039)
121.41	am	(P-13385)
121.58	am	(P-2420; A-10011)
121.59	am	(P-13385)
121.63	am	(E-757) (P-6708)
		(P-18086; A-10011)
		(P-6708; A-13900)
121.72	am	(P-2420; A-10011)
121.73	am	(P-2420; A-10011)
121.76	n	(P-13385)
121.91	am	(P-14186/91; A-10011)
121.94	am	(P-14999/91; A-10011)
130.200	am	(P-6931; A-13292)
140.2	am	(P-17171/91; A-174)
		(P-6936)
140.5	am	(P-17171/91; A-174)
140.11	am	(P-6949/91; A-3552)
140.12	am	(P-12116)
140.13	am	(P-4708)
140.14	am	(P-4708)
140.15	am	(P-7775)
140.16	am	(P-4708) (P-8047)
140.17	am	(P-8047)
140.19	am	(P-4708)
140.27	am	(P-65; A-10050) (E-300)
140.31	n	(P-4708) (P-11721)
		(E-11947)
140.32	n	(P-4708)
140.33	n	(P-4708)
140.94	n	(P-15933/91; A-6408)
140.95	n	(P-15933/91; A-6408)
140.420	am	(P-10145; W-14476)
140.421	am	(P-7576) (P-10145;
		W-14476)
140.413	am	(P-6719)
140.440	am	(P-12171/91; A-4006)
140.441	am	(P-12171/91; A-4006)
140.442	am	(P-12171/91; A-4006)
140.449	am	(P-12171/91; A-4006)
140.469	am	(P-13685/91; A-3552)
140.492	am	(P-13397)
140.512	am	(P-13274/91; A-6849)
140.513	r	(P-13274/91; A-6849)
140.514	am	(P-11555/91; A-4006)
140.525	am	(P-13211) (E-13337)
140.526	r	(P-472; W-14477)
		(P-9393)
140.527	r	(P-472; W-14477)
		(P-9393)
140.528	r	(P-472; W-14477)
		(P-9393)
140.529	r	(P-472; W-14477)
		(P-9393)
140.530	am	(P-15933/91; A-6408)
140.538	am	(P-15933/91; A-6408)
		(P-13211) (E-13337)
140.539	am	(P-472; A-11174)
140.543	am	(P-3045; A-12186)
140.552	am	(P-15933/91; A-6408)
140.560	am	(P-5585/91; A-7017)
		(P-12838)
140.561	am	(P-7482/91; A-3552)
140.562	am	(P-15933/91; A-6408)
140.565	n	(P-1492; A-12186)
140.566	am	(P-4708)
140.569	am	(P-15933/91;A-6408;
		RQ-9138; EC-11348)
140.570	am	(P-12838)
140.571	am	(P-12838)
140.572	am	(P-12838)
140.573	am	(P-12838)
140.574	am	(P-12838)
140.579	am	(P-3409; A-12186)
		(P-12838)
140.580	r	(P-12838)
140.581	r	(P-12838)
140.583	am	(P-15933/91; A-6408)
140.600	n	(P-472; W-14477)
140.602	n	(P-472; W-14477)
140.604	n	(P-472; W-14477)
140.606	n	(P-472; W-14477)
140.608	n	(P-472; W-14477)
140.610	n	(P-472; W-14477)
140.612	n	(P-472; W-14477)
140.614	n	(P-472; W-14477)
140.646	am	(P-6949/91; A-1877)
140.700	am	(P-7576)
140.835	r	(P-15933/91; A-6408)
140.Tb.J	r	(P-12838)
141.10	r	(P-12132/91; A-7922)
141.100	r	(P-12132/91; A-7922)

TITLE 89 (CONT'D)

141.200	r	(P-12132/91; A-7922)
141.240	r	(P-12132/91; A-7922)
141.280	r	(P-12132/91; A-7922)
141.320	r	(P-12132/91; A-7922)
141.360	r	(P-12132/91; A-7922)
141.400	r	(P-12132/91; A-7922)
141.440	r	(P-12132/91; A-7922)
141.480	r	(P-12132/91; A-7922)
141.520	r	(P-12132/91; A-7922)
141.560	r	(P-12132/91; A-7922)
141.600	r	(P-12132/91; A-7922)
141.640	r	(P-12132/91; A-7922)
141.680	r	(P-12132/91; A-7922)
141.720	r	(P-12132/91; A-7922)
141.760	r	(P-12132/91; A-7922)
141.800	r	(P-12132/91; A-7922)
141.840	r	(P-12132/91; A-7922)
141.880	r	(P-12132/91; A-7922)
141.920	r	(P-12132/91; A-7922)
141.960	r	(P-12132/91; A-7922)
141.1000	r	(P-12132/91; A-7922)
141.1040	r	(P-12132/91; A-7922)
141.1080	r	(P-12132/91; A-7922)
141.1120	r	(P-12132/91; A-7922)
141.1125	r	(P-12132/91; A-7922)
141.1160	r	(P-12132/91; A-7922)
141.1200	r	(P-12132/91; A-7922)
141.1240	r	(P-12132/91; A-7922)
141.1280	r	(P-12132/91; A-7922)
141.1320	r	(P-12132/91; A-7922)
141.1360	r	(P-12132/91; A-7922)
141.1400	r	(P-12132/91; A-7922)
141.1480	r	(P-12132/91; A-7922)
141.1500	r	(P-12132/91; A-7922)
141.1520	r	(P-12132/91; A-7922)
141.1560	r	(P-12132/91; A-7922)
141.1600	r	(P-12132/91; A-7922)
141.1640	r	(P-12132/91; A-7922)
141.1680	r	(P-12132/91; A-7922)
141.1720	r	(P-12132/91; A-7922)
141.1760	r	(P-12132/91; A-7922)
141.1800	r	(P-12132/91; A-7922)
141.1840	r	(P-12132/91; A-7922)
141.1880	r	(P-12132/91; A-7922)
141.1920	r	(P-12132/91; A-7922)
141.1960	r	(P-12132/91; A-7922)
141.2000	r	(P-12132/91; A-7922)
141.2040	r	(P-12132/91; A-7922)
141.2080	r	(P-12132/91; A-7922)
141.2120	r	(P-12132/91; A-7922)
141.2160	r	(P-12132/91; A-7922)
141.2200	r	(P-12132/91; A-7922)
141.2240	r	(P-12132/91; A-7922)
141.2280	r	(P-12132/91; A-7922)
141.2320	r	(P-12132/91; A-7922)
141.2360	r	(P-12132/91; A-7922)
141.2400	r	(P-12132/91; A-7922)
141.2440	r	(P-12132/91; A-7922)
141.2480	r	(P-12132/91; A-7922)
141.2520	r	(P-12132/91; A-7922)
141.2560	r	(P-12132/91; A-7922)
141.2600	r	(P-12132/91; A-7922)
141.2640	r	(P-12132/91; A-7922)
141.2680	r	(P-12132/91; A-7922)
141.2720	r	(P-12132/91; A-7922)
141.2760	r	(P-12132/91; A-7922)
141.2800	r	(P-12132/91; A-7922)
141.2840	r	(P-12132/91; A-7922)
141.2880	r	(P-12132/91; A-7922)
141.2920	r	(P-12132/91; A-7922)
141.2960	r	(P-12132/91; A-7922)
141.3000	r	(P-12132/91; A-7922)
141.3040	r	(P-12132/91; A-7922)
141.3080	r	(P-12132/91; A-7922)
141.3120	r	(P-12132/91; A-7922)
141.3160	r	(P-12132/91; A-7922)
141.3200	r	(P-12132/91; A-7922)
141.3240	r	(P-12132/91; A-7922)
141.3280	r	(P-12132/91; A-7922)
141.3320	r	(P-12132/91; A-7922)
141.3360	r	(P-12132/91; A-7922)
141.3400	r	(P-12132/91; A-7922)
141.3440	r	(P-12132/91; A-7922)
141.3480	r	(P-12132/91; A-7922)
141.3520	r	(P-12132/91; A-7922)
141.3560	r	(P-12132/91; A-7922)
141.3600	r	(P-12132/91; A-7922)
141.3640	r	(P-12132/91; A-7922)
141.3680	r	(P-12132/91; A-7922)
141.3720	r	(P-12132/91; A-7922)
141.3760	r	(P-12132/91; A-7922)
141.3800	r	(P-12132/91; A-7922)
141.3840	r	(P-12132/91; A-7922)
141.3880	r	(P-12132/91; A-7922)
141.3920	r	(P-12132/91; A-7922)
141.3960	r	(P-12132/91; A-7922)
141.4000	r	(P-12132/91; A-7922)
141.4040	r	(P-12132/91; A-7922)
141.4080	r	(P-12132/91; A-7922)
141.4120	r	(P-12132/91; A-7922)
141.4160	r	(P-12132/91; A-7922)

TITLE 89 (CONT'D)

141.4200	r	(P-12132/91; A-7922)
141.4230	r	(P-12132/91; A-7922)
141.4240	r	(P-12132/91; A-7922)
141.4280	r	(P-12132/91; A-7922)
141.4320	r	(P-12132/91; A-7922)
141.4360	r	(P-12132/91; A-7922)
141.4440	r	(P-12132/91; A-7922)
141.4480	r	(P-12132/91; A-7922)
141.4520	r	(P-12132/91; A-7922)
141.4560	r	(P-12132/91; A-7922)
141.4600	r	(P-12132/91; A-7922)
141.4640	r	(P-12132/91; A-7922)
141.4680	r	(P-12132/91; A-7922)
141.4720	r	(P-12132/91; A-7922)
141.4760	r	(P-12132/91; A-7922)
141.4800	r	(P-12132/91; A-7922)
144.275	am	(P-15926/91; A-5898)
144.300	n	(P-7455/91; A-3497)
144.325	n	(P-7455/91; A-3497)
144.350	n	(P-5806; W-14475)
144.375	n	(P-5806; W-14475)
144.400	n	(P-5806; W-14475)
144.405	n	(P-5806; W-14475)
144.425	n	(P-5806; W-14475)
144.450	n	(P-5806; W-14475)
147.25	am	(P-4218; RC-10500; A-14233)
147.50	am	(P-4218; RC-10500; A-14233)
147.75	am	(P-4218; RC-10500; A-14233)
147.100	am	(P-8906)
147.150	am	(P-15940/91; A-6479) (P-13215) (E-13361)
147.205	am	(P-13215) (E-13361)
147.305	am	(P-8906)
147.310	am	(P-8906)
147.315	am	(P-8906)
147.320	am	(P-8906)
147.325	am	(P-8906)
147.340	am	(P-8906)
147.345	am	(P-8906)
147.350	am	(P-8906)
147.Tb.A	am	(P-7501/91; A-4035) (P-15940/91; A-6479)
147.Tb.B	am	(P-7501/91; A-4035) (P-15940/91; A-6479)
147.Tb.D	am	(P-4218; RC-10500; A-14233)
147.Tb.E	am	(P-4218; RC-10500; A-14233)
147.Tb.G	am	(P-4218; RC-10500; A-14233)
147.Tb.L	n	(P-4218; RC-10500; A-14233)
148.20	am	(P-15928/91; A-6255) (P-11719) (E-11942)
148.25	n	(P-14540) (E-14778)
148.30	am	(P-14540) (E-14778)
148.40	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.50	am	(P-14540) (E-14778)
148.60	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.70	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.80	am	(P-15928/91; A-6255) (E-11335)
148.82	n	(P-12826)
148.90	r	(P-15928/91; A-6255)
148.100	r	(P-15928/91; A-6255)
148.110	r	(P-15928/91; A-6255)
148.120	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.130	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.140	am	(P-15928/91; A-6255) (P-1786) (P-14540) (E-14778)
148.150	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.160	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.170	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.180	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.190	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.200	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.210	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.220	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.230	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.240	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.250	am	(P-15928/91; A-6255) (P-14540) (E-14778)

TITLE 89 (CONT'D)

148.260	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.270	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.280	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.290	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.300	am	(P-15928/91; A-6255)
148.310	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.320	am	(P-15928/91; A-6255) (P-14540) (E-14778)
148.400	n	(P-15928/91; A-6255)
149.5	am	(P-15931/91; A-6195) (P-11717) (E-11937)
149.10	n	(P-14535) (E-14733)
149.25	am	(P-15931/91; A-6195) (P-14535) (E-14733)
149.50	am	(P-15931/91; A-6195) (P-14535) (E-14733)
149.75	am	(P-15931/91; A-6195) (P-14535) (E-14733)
149.100	am	(P-15931/91; A-6195) (P-14535) (E-14733)
149.105	am	(P-15931/91; A-6195) (P-14535) (E-14733)
149.125	am	(P-15931/91; A-6195) (P-14535) (E-14733)
149.140	n	(P-14535) (E-14733)
149.150	am	(P-15931/91; A-6195) (P-14535) (E-14733)
149.175	r	(P-15931/91; A-6195)
149.200	r	(P-15931/91; A-6195)
149.205	r	(P-15931/91; A-6195)
149.225	r	(P-15931/91; A-6195)
149.250	r	(P-15931/91; A-6195)
149.275	r	(P-15931/91; A-6195)
149.300	r	(P-15931/91; A-6195)
149.305	r	(P-15931/91; A-6195)
149.325	r	(P-15931/91; A-6195)
150.10	n	(E-2258)
150.20	n	(E-2258)
150.30	n	(E-2258)
150.40	n	(E-2258)
150.50	n	(E-2258)
150.60	n	(E-2258)
160.5	am	(P-806/91; A-1852)
160.10	am	(P-806/91; A-1852)
160.20	am	(P-806/91; A-1852)
160.30	am	(P-2406; A-9997)
160.77	n	(P-8892)
160.85	n	(P-8892)
230.45	am	(P-3605)
230.570	am	(P-3605)
240.400	am	(E-2630) (P-11363) (E-11625)
240.415	am	(E-2630) (P-11363) (E-11625)
240.430	am	(P-17007/91; M-2930; A-11731) (E-1739/91; S-1744; W-2955; M-2943)
240.435	am	(P-17007/91; M-2930 A-11731) (E-17398/91; S-1744; W-2955; M-2943)
240.451	n	(P-11363) (E-11625)
240.655	am	(E-4069; RC-6898) (P-14335/91; A-1140
240.720	am	(P-17007/91; M-2930) (E-17398/91; S-1744; W-2955; M-2943) (E-2901)
240.720	r	(P-11363) (E-11625)
240.725	am	(P-17007/91; M-2930) (E-17398/91; S-1744; W-2955; M-2943) (E-2901)
240.725	r	(P-11363) (E-11625)
240.726	n	(E-2630)
240.726	r	(P-11363) (E-11625)
240.727	n	(P-11363) (E-11625)
240.728	n	(P-11363) (E-11625)
240.729	n	(P-12251; C-13662))
240.800	am	(E-2901) (P-11363) (E-11625)
240.810	am	(E-2901) (P-11363) (E-11625)
240.825	am	(E-2901) (P-11363) (E-11625)
240.855	am	(E-2901) (P-11363) (E-11625)
240.1600	am	(P-4087; A-14565)
240.1605	am	(P-4087; A-14565)
240.1610	am	(P-4087; A-14565)
240.1620	am	(P-4087; A-14565)
240.1625	am	(P-4087; A-14565)
240.1630	am	(P-4087; A-14565)
240.1635	am	(P-4087; A-14565)

TITLE 89 (CONT'D)

240.1640	am	(P-4087; A-14565)
240.1645	am	(P-4087; A-14565)
240.1650	am	(P-4087; A-14565)
240.1655	am	(P-4087; A-14565)
240.1660	am	(P-4087; C-5083; A-14565)
240.1661	n	(P-4087; C-5083; A-14565)
240.1665	am	(P-4087;A-14565)
302.20	am	(P-7565)
302.390	am	(P-11979)
304.2	am	(P-7545)
305.10	#	(P-5403)
305.10	re	(A-12772)
305.20	am	(P-5403)
305.20	re	(A-12772)
305.30	am	(P-5403)
305.30	re	(A-12772)
305.40	#	(P-5403)
305.40	re	(A-12772)
305.50	am	(P-5403)
305.50	re	(A-12772)
305.60	am	(P-5403)
305.60	re	(A-12772)
305.70	n	(P-5403)
305.70	re	(A-12772)
305.80	n	(P-5403)
305.80	re	(A-12772)
305.90	#	(P-5403)
305.90	re	(A-12772)
305.100	#	(P-5403)
305.100	re	(A-12772)
305.110	#	(P-5403)
305.110	re	(A-12772)
305.120	#	(P-5403)
305.120	re	(A-12772)
305.130	am	(P-5403)
305.130	re	(A-12772)
305.140	#	(P-5403)
305.140	re	(A-12772)
309.1	r	(P-7982)
309.2	r	(P-7982)
309.3	r	(P-7982)
309.4	r	(P-7982)
309.5	r	(P-7982)
309.6	r	(P-7982)
309.7	r	(P-7982)
309.8	r	(P-7982)
309.9	r	(P-7982)
309.10	r	(P-7982)
309.11	r	(P-7982)
309.12	r	(P-7982)
309.13	r	(P-7982)
309.14	r	(P-7982)
309.15	r	(P-7982)
309.16	r	(P-7982)
309.17	r	(P-7982)
309.18	r	(P-7982)
309.19	r	(P-7982)
309.20	r	(P-7982)
309.21	r	(P-7982)
309.22	r	(P-7982)
309.23	r	(P-7982)
335.100	am	(P-8415/91; A-7633) (P-12254)
335.102	am	(P-8415/91; A-7633) (P-12254)
335.200	am	(P-8415/91; A-7633) (P-12254)
335.202	am	(P-8415/91; A-7633) (P-12254)
335.300	am	(P-8415/91; A-7633) (P-12254)
335.302	am	(P-8415/91; A-7633) (P-12254)
335.304	am	(P-8415/91; A-7633) (P-12245)
335.306	am	(P-8415/91; A-7633) (P-12254)
335.308	r	(P-8415/91; A-7633) (P-12254)
335.310	am	(P-8415/91; A-7633) (P-12254)
335.312	am	(P-8415/91; A-7633) (P-12254)
335.314	am	(P-8415/91; A-7633) (P-12254)
335.316	am	(P-8415/91; A-7633) (P-12254)
335.318	am	(P-8415/91; A-7633) (P-12254)
335.320	am	(P-8415/91; A-7633) (P-12254)
335.326	am	(P-8415/91; A-7633) (P-12254)
335.328	am	(P-8415/91; A-7633) (P-12254)
335.330	am	(P-8415/91; A-7633) (P-12254)
335.332	am	(P-8415/91; A-7633)
335.334	am	(P-8415/91; A-7633)

TITLE 89 (CONT'D)

335.336	am	(P-8415/91; A-7633)
335.338	am	(P-8415/91; A-7633)
335.Ap.A	n	(P-12254)
336.10	n	(P-7963) (P-7963)
336.20	n	(P-7963)
336.30	n	(P-7963)
336.40	n	(P-7963)
336.50	n	(P-7963)
336.60	n	(P-7963)
336.70	n	(P-7963)
336.80	n	(P-7963)
336.90	n	(P-7963)
336.100	n	(P-7963)
336.110	n	(P-7963)
336.120	n	(P-7963)
336.130	n	(P-7963)
336.140	n	(P-7963)
336.150	n	(P-7963)
336.160	n	(P-7963)
336.170	n	(P-7963)
337.10	n	(P-7999)
337.20	n	(P-7999)
337.30	n	(P-7999)
337.40	n	(P-7999)
337.50	n	(P-7999)
337.60	n	(P-7999)
337.70	n	(P-7999)
337.80	n	(P-7999)
337.90	n	(P-7999)
337.100	n	(P-7999)
337.110	n	(P-7999)
337.120	n	(P-7999)
337.130	n	(P-7999)
337.140	n	(P-7999)
337.150	n	(P-7999)
337.160	n	(P-7999)
337.170	n	(P-7999)
337.180	n	(P-7999)
337.190	n	(P-7999)
337.200	n	(P-7999)
337.210	n	(P-7999)
337.220	n	(P-7999)
337.230	n	(P-7999)
337.240	n	(P-7999)
337.250	n	(P-7999)
352.Ap.A	am	(P-13229/91; A-3924)
377.2	am	(P-7553)
377.4	am	(P-7553)
378.1	r	(P-7561)
378.2	r	(P-7561)
378.3	r	(P-7561)
378.4	r	(P-7561)
402.15	am	(P-11707) (E-11879)
406.2	am	(E-15088/91; M-2269) (P-1473491; A-7602)
406.4	am	(P-14734/91; A-7602)
406.5	am	(P-14734/91; A-7602)
406.6	am	(P-14734/91; A-7602)
406.7	am	(P-14734/91; A-7602)
406.8	am	(P-14734/91; A-7602)
406.9	am	(P-14734/91; A-7602)
406.10	am	(P-14734/91; A-7602)
406.11	am	(P-14734/91; A-7602)
406.12	am	(P-14734/91; A-7602)
406.13	am	(P-14734/91; A-7602)
		406.14am(P-14734/91; A-7602)
406.22	am	(P-14734/91; A-7602)
406.24	am	(P-14734/91; A-7602)
407.29	am	(P-14729/91; A-7597)
408.5	am	(P-14764/91; A-8950)
408.7	n	(P-14764/91; A-8950)
408.20	am	(P-14764/91; A-8950)
408.30	am	(P-14764/91; A-8950)
408.40	am	(P-14764/91; A-8950)
408.50	am	(P-14764/91; A-8950)
408.60	am	(P-14764/91; A-8950)
408.65	am	(P-14764/91; A-8950)
408.70	am	(P-14764/91; A-8950)
408.105	am	(P-14764/91; A-8950)
510.10	am	(P-69; A-8537)
510.20	am	(P-69; A-8537)
510.30	am	(P-69; A-8537)
510.40	am	(P-69; A-8537)
510.70	am	(P-69; A-8537)
510.80	am	(P-69; A-8537)
510.90	am	(P-69; A-8537)
510.100	am	(P-69; A-8537)
510.110	am	(P-69; A-8537)
562.20	am	(P-14189)
562.30	am	(P-14189)
567.20	am	(P-10403)
567.30	am	(P-10403)
567.100	am	(P-10403)
587.70	am	(P-18110/91; A-8235)
597.20	am	(P-3440; A-12583)
673.10	n	(E-11682) (P-13224; W-13983)
673.10	r	(E-13977)
673.20	n	(E-11682) (P-13224; W-13983)

TITLE 89 (CONT'D)

673.20	r	(E-13977)
673.30	n	(E-11682) (P-13224; W-13983)
673.30	r	(E-13977)
673.40	n	(E-11682) (P-13224; W-13983)
673.40	r	(E-13977)
673.50	n	(E-11682) (P-13224; W-13983)
673.50	R	(E-13977)
674.10	n	(E-2690)
674.20	n	(E-2690)
674.30	n	(E-2690)
674.40	n	(E-2690)
674.50	n	(E-2690)
683.100	r	(E-2688) (E-11679) (P-13221; W-13982) (E-13974)
685.500	am	(P-14392/91; A-4529)
685.550	n	(P-14392/91; A-4529)
685.600	am	(P-16876/91; A-6868)
714.30	am	(P-3067; RC-13373)
714.100	am	(P-3067; RC-13373)
714.110	am	(P-3067; RC-13373)
714.120	am	(P-3067; RC-13373)
714.130	am	(P-3067; RC-13373)
714.300	n	(P-3067; RC-13373)
714.310	am	(P-3067; RC-13373)
730.700	r	(P-10397)
787.10	n	(P-13027/91; A-2882)
787.20	n	(P-13027/91; A-2882)
787.30	n	(P-13027/91; A-2882)
787.40	n	(P-13027/91; A-2882)
787.50	n	(P-13027/91; A-2882)
840.10	am	(P-15390/91; A-10301)
840.20	am	(P-15390/91; A-10301)
840.30	am	(P-15390/91; A-10301)
840.40	am	(P-15390/91; A-10301)
840.50	am	(P-15390/91; A-10301)
840.60	n	(P-15390/91; A-10301)
840.70	n	(P-15390/91; A-10301)
840.75	am	(P-15390/91; A-10301)
840.80	am	(P-15390/91; A-10301)
840.90	am	(P-15390/91; A-10301)
840.95	n	(P-15390/91; A-10301)
840.100	n	(P-15390/91; A-10301)
840.105	n	(P-15390/91; A-10301)
840.110	n	(P-15390/91; A-10301)
840.115	n	(P-15390/91; A-10301)
843.10	am	(P-15405/91; A-10316)
843.20	am	(P-15405/91; A-10316)
843.30	am	(P-15405/91; A-10316)
843.50	am	(P-15405/91; A-10316)
843.60	am	(P-15405/91; A-10316)
843.61	am	(P-15405/91; A-10316)
843.70	am	(P-15405/91; A-10316)
843.80	am	(P-15405/91; A-10316)
843.120	am	(P-15405/91; A-10316)
843.121	am	(P-15405/91; A-10316)
843.130	am	(P-15405/91; A-10316)
843.150	am	(P-15405/91; A-10316)
843.160	am	(P-15405/91; A-10316)
843.180	am	(P-15405/91; A-10316)
845.10	am	(P-11572/91/ A-2615)
845.20	am	(P-11572/91/ A-2615)
845.30	am	(P-11572/91/ A-2615)
845.40	am	(P-11572/91/ A-2615)
900.310	am	(P-12989/91; A-5311)
900.321	am	(P-12989/91; A-5311)
900.322	am	(P-12989/91; A-5311)
900.330	am	(P-12989/91; A-5311)
900.331	am	(P-12989/91; A-5311)
900.342	am	(P-12989/91; A-5311)
900.343	am	(P-12989/91; A-5311)
900.345	am	(P-12989/91; A-5311)
900.348	am	(P-12989/91; A-5311)
1300.110	am	(P-5141/91; A-4819)
1300.120	am	(P-5141/91; A-4819)
1300.130	am	(P-5141/91; A-4819)
1300.200	am	(P-5141/91; A-4819)
1300.205	n	(P-5141/91; A-4819)
1300.210	am	(P-5141/91; A-4819)

TITLE 92

44.30	am	(P-4807; A-12601)
50.5	r	(P-6139; A-13094)
50.10	r	(P-6139; A-13094)
50.10	n	(P-6153; A-13096)
50.20	r	(P-6139; A-13094)
50.20	n	(P-6153; A-13096)
50.30	r	(P-6139; A-13094)
50.30	n	(P-6153; A-13096)
50.40	r	(P-6139; A-13094)
50.40	n	(P-6153; A-13096)
50.50	r	(P-6139; A-13094)
50.50	n	(P-6153; A-13096)
50.60	r	(P-6139; A-13094)
50.60	n	(P-6153; A-13096)
50.70	r	(P-6139; A-13094)
50.70	n	(P-6153; A-13096)
50.80	r	(P-6139; A-13094)

TITLE 92 (CONT'D)

50.80	n	(P-6153; A-13096)
50.90	r	(P-6139; A-13094)
50.90	n	(P-6153; A-13096)
50.100	r	(P-6139; A-13094)
50.100	n	(P-6153; A-13096)
50.110	r	(P-6139; A-13094)
50.110	n	(P-6153; A-13096)
50.120	r	(P-6139; A-13094)
50.120	n	(P-6153; A-13096)
50.130	r	(P-6139; A-13094)
50.130	n	(P-6153; A-13096)
50.140	r	(P-6139; A-13094)
50.140	n	(P-6153; A-13096)
50.150	r	(P-6139; A-13094)
50.160	r	(P-6139; A-13094)
50.Ex.A	n	(P-6153; A-13096)
62.30	am	(P-4813; A-12608)
97.10	n	(P-19709/91; P-10475)
97.20	n	(P-19709/91; P-10475)
97.30	n	(P-19709/91; P-10475)
97.40	n	(p-19709/91; P-10475)
97.50	n	(P-19709/91; P-10475)
97.60	n	(P-19709/91; P-10475)
97.70	n	(P-19709/91; P-10475)
97.80	n	(p-19709/91; P-10475)
97.90	n	(P-19709/91; P-10475)
97.100	n	(P-19709/91; P-10475)
97.110	n	(P-19709/91; P-10475)
97.120	n	(p-19709/91; P-10475)
97.130	n	(P-19709/91; P-10475)
97.140	n	(P-19709/91; P-10475)
171.5	n	(P-3856; A-12208)
171.6	am	(P-15995/91; W-2696)
171.6	#	(P-3856; A-12208))
171.1000	am	(P-15995/91; W-2696) (P-3856; A-12208)
172.2000	am	(P-16003/91; W-2697) (P-3864; A-11851)
172.2215	am	(P-16003/91; W-2697) (P-3864; A-11851)
173.3000	am	(P-16008/91; W-2698) (P-3869; A-11856)
177.2000	am	(P-15990/91; W-2695) (P-3847; A-11843)
178.336.1.1	am	(P-16015/91; W-2699) (P-3876; A-11863)
178.336.1.5	am	(P-16015/91; W-2699) (P-3876; A-11863)
178.2000	am	(P-16015/91; W-2699) (P-3876; A-11863)
179.2000	am	(P-16027/91; W-2700) (P-3888; A-11875)
180.2000	am	(P-3851; A-11847)
390.1010	am	(P-7815; A-14435)
390.1020	am	(P-7815; A-14435)
390.2000	am	(P-7815; A-14435)
391.1000	am	(P-7832; A-14715)
391.2000	am	(P-16653/91; A-5362) (P-7832; A-14715)
395.2000	am	(P-7805; A-14425)
396.2010	am	(P-7811; A-14431)
440.420	am	(P-13041/91; A-1655)
440.II.A	am	(P-13041/91; A-1655)
440.II.B	n	(P-13041/91; A-1655)
442.285	am	(P-13072/91; A-1685)
442.II.A	am	(P-13072/91; A-1685)
442.II.E	n	(P-13072/91; A-1685)
456.50	am	(P-9453)
456.60	am	(P-9453)
456.70	am	(P-9453)
456.80	n	(P-9453)
456.90	n	(P-9453)
530.10	n	(P-2940/91; A-2193)
530.10	r	(P-3003/91; A-2256)
530.20	n	(P-2940/91; A-2193)
530.20	r	(P-3003/91; A-2256)
530.30	n	(P-2940/91; A-2193)
530.30	r	(P-3003/91; A-2256)
530.40	n	(P-2940/91; A-2193)
530.50	n	(P-2940/91; A-2193)
530.60	n	(P-2940/91; A-2193)
530.100	n	(P-2940/91; A-2193)
530.101	r	(P-3003/91; A-2256)
530.102	r	(P-3003/91; A-2256)
530.103	r	(P-3003/91; A-2256)
530.104	r	(P-3003/91; A-2256)
530.105	r	(P-3003/91; A-2256)
530.106	r	(P-3003/91; A-2256)
530.107	r	(P-3003/91; A-2256)
530.108	r	(P-3003/91; A-2256)
530.109	r	(P-3003/91; A-2256)
530.110	n	(P-2940/91; A-2193)
530.110	r	(P-3003/91; A-2256)
530.111	r	(P-3003/91; A-2256)
530.112	r	(P-3003/91; A-2256)
530.113	r	(P-3003/91; A-2256)
530.114	r	(P-3003/91; A-2256)
530.115	r	(P-3003/91; A-2256)
530.116	r	(P-3003/91; A-2256)
530.117	r	(P-3003/91; A-2256)
530.118	r	(P-3003/91; A-2256)

TITLE 92 (CONT'D)

530.119	r	(P-3003/91; A-2256)
530.120	n	(P-2940/91; A-2193)
530.120	r	(P-3003/91; A-2256)
530.121	r	(P-3003/91; A-2256)
530.122	r	(P-3003/91; A-2256)
530.123	r	(P-3003/91; A-2256)
530.130	n	(P-2940/91; A-2193)
530.140	n	(P-2940/91; A-2193)
530.150	n	(P-2940/91; A-2193)
530.200	n	(P-2940/91; A-2193)
530.201	r	(P-3003/91; A-2256)
530.202	r	(P-3003/91; A-2256)
530.203	r	(P-3003/91; A-2256)
530.210	n	(P-2940/91; A-2193)
530.220	n	(P-2940/91; A-2193)
530.225	n	(P-2940/91; A-2193)
530.230	n	(P-2940/91; A-2193)
530.240	n	(P-2940/91; A-2193)
530.250	n	(P-2940/91; A-2193)
530.260	n	(P-2940/91; A-2193)
530.270	n	(P-2940/91; A-2193)
530.275	n	(P-2940/91; A-2193)
530.280	n	(P-2940/91; A-2193)
530.290	n	(P-2940/91; A-2193)
530.300	n	(P-2940/91; A-2193)
530.301	r	(P-3003/91; A-2256)
530.302	r	(P-3003/91; A-2256)
530.303	r	(P-3003/91; A-2256)
530.310	n	(P-2940/91; A-2193)
530.320	n	(P-2940/91; A-2193)
530.330	n	(P-2940/91; A-2193)
530.400	n	(P-2940/91; A-2193)
530.401	r	(P-3003/91; A-2256)
530.402	r	(P-3003/91; A-2256)
530.403	r	(P-3003/91; A-2256)
530.410	n	(P-2940/91; A-2193)
530.420	n	(P-2940/91; A-2193)
530.430	n	(P-2940/91; A-2193)
530.440	n	(P-2940/91; A-2193)
530.450	n	(P-2940/91; A-2193)
530.460	n	(P-2940/91; A-2193)
530.470	n	(P-2940/91; A-2193)
530.480	n	(P-2940/91; A-2193)
530.500	n	(P-2940/91; A-2193)
530.501	r	(P-3003/91; A-2256)
530.502	r	(P-3003/91; A-2256)
530.503	r	(P-3003/91; A-2256)
530.510	n	(P-2940/91; A-2193)
530.520	n	(P-2940/91; A-2193)
530.530	n	(P-2940/91; A-2193)
530.600	n	(P-2940/91; A-2193)
530.601	r	(P-3003/91; A-2256)
530.602	r	(P-3003/91; A-2256)
530.603	r	(P-3003/91; A-2256)
530.610	n	(P-2940/91; A-2193)
530.700	n	(P-2940/91; A-2193)
530.701	r	(P-3003/91; A-2256)
530.702	r	(P-3003/91; A-2256)
530.710	n	(P-2940/91; A-2193)
530.800	n	(P-2940/91; A-2193)
530.801	r	(P-3003/91; A-2256)
530.802	r	(P-3003/91; A-2256)
530.803	r	(P-3003/91; A-2256)
530.804	r	(P-3003/91; A-2256)
530.810	n	(P-2940/91; A-2193)
530.820	n	(P-2940/91; A-2193)
530.830	n	(P-2940/91; A-2193)
530.840	n	(P-2940/91; A-2193)
530.900	n	(P-2940/91; A-2193)
530.901	r	(P-3003/91; A-2256)
530.902	r	(P-3003/91; A-2256)
530.903	r	(P-3003/91; A-2256)
530.904	r	(P-3003/91; A-2256)
530.905	r	(P-3003/91; A-2256)
530.906	r	(P-3003/91; A-2256)
530.907	r	(P-3003/91; A-2256)
530.908	r	(P-3003/91; A-2256)
530.909	r	(P-3003/91; A-2256)
530.II.A	n	(P-2940/91; A-2193)
708.70	am	(P-8193/91; A-194)
787.10	n	(P-13027/91; A-2882)
787.20	n	(P-13027/91; A-2882)
787.30	n	(P-13027/91; A-2882)
787.40	n	(P-13027/91; A-2882)
787.50	n	(P-13027/91; A-2882)
1002.20	am	(P-6790; A-13088)
1002.45	n	(P-6790; A-13088)
1010.420	am	(P-5240; A-12587)
1030.11	am	(P-1271)
1030.12	n	(E-12228)
1030.30	am	(P-2449)
1030.84	am	(P-14198/91; A-2182) C-2957)
1030.120	am	(P-12138)
1030.130	am	(P-12138)
1070.20	am	(P-15428/91; A-2172)
1070.40	am	(P-15428/91; A-2172)
1309.10	n	(P-3238; A-11827)
1309.20	n	(P-3238; A-11827)
1309.30	n	(P-3238; A-11827)
1311.10	n	(P-4195/91; W-2942)

TITLE 92 (CONT'D)

1440.20	am	(P-5139; A-13496)

TITLE 95

116.40	am	(P-558; A-7704)
121.10	n	(P-561; A-7707; RQ-10082; EC;10503)
121.20	n	(P-561; A-7707)
121.30	n	(P-561; A-7707)
121.40	n	(P-561; A-7707)
121.50	n	(P-561; A-7707)
121.60	n	(P-561; A-7707)
121.70	n	(P-561; A-7707)
121.80	n	(P-561; A-7707)
121.90	n	(P-561; A-7707)
121.100	n	(P-561; A-7707)
121.110	n	(P-561; A-7707)
121.120	n	(P-561; A-7707)
121.130	n	(P-561; A-7707)
121.140	n	(P-561; A-7707)
121.150	n	(P-561; A-7707)
121.160	n	(P-561; A-7707)
121.170	n	(P-561; A-7707)
121.180	n	(P-561; A-7707)
121.190	n	(P-561; A-7707)
121.200	n	(P-561; A-7707)
121.210	n	(P-561; A-7707)
121.220	n	(P-561; A-7707)
121.230	n	(P-561; A-7707)
122.10	n	(P-2113)
122.20	n	(P-2113)
122.30	n	(P-2113)
122.40	n	(P-2113)
122.50	n	(P-2113)
122.60	n	(P-2113)
122.70	n	(P-2113)